

## Research Article

# Choosing to Enter or Avoid Diagnostic Social Situations

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**ABSTRACT**—*Three studies suggest that people control the nature of their relationships, in part, by choosing to enter (or avoid) situations providing feedback about other people's social interest. In Study 1, chronically avoidant individuals (but not others) preferred social options that would provide no information about other people's evaluations of them over social options that would, but did not prefer nondiagnostic situations more generally. In Study 2, chronically avoidant students (but not others) in a methods class preferred to have their teacher assign them to working groups (a nondiagnostic situation) over forming their own groups (a diagnostic situation). In Study 3, individuals experimentally primed to feel avoidant were less likely than those primed to feel secure to choose to receive feedback about how another person felt about them. Overall, the research suggests that choices of socially diagnostic versus socially nondiagnostic situations play an important role in guiding people's social relationships.*

Over 10 years ago, Ickes, Snyder, and Garcia (1997) emphasized that personality influences people's lives by affecting the situations they choose to enter or avoid. Yet the relevance of this insight for initiation and trajectories of relationships has remained largely unexplored. We hypothesized that people characterized by attachment-related avoidance would prefer socializing in situations that do not provide information about others' evaluations of them (socially nondiagnostic situations) over situations that do provide such information (socially diagnostic situations). This is consequential because choices of socially diagnostic versus nondiagnostic situations likely change the trajectories of resulting relationships.

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## WHAT ARE SOCIALLY DIAGNOSTIC SITUATIONS?

Situations in which people receive information regarding whether partners like them and are interested in a relationship are socially diagnostic. Situations may be intrinsically socially diagnostic (e.g., a speed-dating event), or people may create their own socially diagnostic situations through action (e.g., asking for help). Although almost no research exists on the role of situation choice in relationship formation and maintenance, Holmes and Rempel (1989) discussed socially diagnostic situations, describing how couples encounter these situations when facing conflicts of interest. In such situations, one's partner can concede to one's wishes, providing clear information about care, or choose not to do so, suggesting lack of care. Here, we consider the importance of choosing or evading socially diagnostic situations more generally.

## ATTACHMENT-RELATED AVOIDANCE SHOULD LEAD TO SIDESTEPPING SOCIALLY DIAGNOSTIC SITUATIONS

In considering who might sidestep socially diagnostic situations, we turned to attachment theory and the avoidance dimension of attachment in particular, as conceptualized and measured by Brennan, Clark, and Shaver (1998) and others (see Mikulincer & Shaver, 2007). Chronically avoidant individuals lack feelings of closeness in relationships and are reluctant to depend upon others. They, like others, may enjoy socializing (Mikulincer & Shaver, 2007), yet they wish to avoid intimacy and retain autonomy and control in relationships (Mikulincer & Shaver, 2003). Moreover, they have negative views and expectations regarding others' likely responsiveness (Mikulincer & Horesh, 1999; Shaver, Collins, & Clark, 1996) and they experience negative emotions and physiological reactivity to rejection more frequently than secure individuals (Buunk, 1997; Diamond, Hicks, & Otter-Henderson, 2006; Mikulincer, Florian, & Weller, 1993; Mikulincer, Horesh, Eilati, & Kotler, 1999). When avoidant individuals enter socially diagnostic situations, they relinquish control of the situation and expose themselves to

feedback about others' understanding, acceptance, and caring for them—all factors that may threaten autonomy and promote the intimacy or rejection these individuals wish to avoid. Therefore, we hypothesized that avoidant people would be especially likely to evade socially diagnostic situations.

### EXPLORING POSSIBLE LINKS BETWEEN ANXIETY AND SITUATION CHOICE

We did not make predictions about attachment-related anxiety, as conceptualized and measured by Brennan et al. (1998) and others (see Mikulincer & Shaver, 2007). Highly anxious people fear rejection and abandonment and worry excessively about their partner's availability. High anxiety is associated with heightened desire to pursue intimacy (Hazan & Shaver, 1987) and receive positive feedback from others (Pietromonaco & Barrett, 2006). Furthermore, anxious people are more likely to use social information, no matter how mundane, to diagnose relationship potential than are secure people (Bartz & Lydon, 2006, Study 3). Therefore, these individuals might be likely to enter socially diagnostic situations. Yet anxious people have low expectancies that others will think well of them (Collins & Read, 1990; Hazan & Shaver, 1987) and, like avoidant people, experience more negative emotion after receiving negative feedback than do those lower in anxiety (Mikulincer, 1998; Simpson, Rholes, & Phillips, 1996; see Pietromonaco, Barrett, & Powers, 2006). Moreover, anxious individuals experience more anxiety in situations affording potential for interpersonal closeness than do secure people (Bartz & Lydon, 2006, Study 2). Thus, anxious people might evade socially diagnostic situations. A third possibility is that these factors might cancel one another out. Therefore, we examined possible links between anxiety and situation choice in an exploratory manner.

Overall, our research goals were twofold. First, we wished to make the point that self-reported attachment characteristics (Studies 1 and 2) and experimentally primed attachment characteristics (Study 3) may affect relationships by influencing the types of social situations people choose to enter or avoid. Second, we wished to contribute to attachment theory by specifying a new mechanism—sidestepping socially diagnostic situations—through which avoidant individuals may inhibit development of intimacy in their relationships.

## STUDY 1

### Method

#### Participants

One hundred eighty-five participants (49 males, 136 females; mean age = 27.0 years,  $SD = 9.26$  years) recruited from a public Internet site participated for a chance to win a \$50 lottery prize. Individuals responded to requests for participation in a survey on people's preferences for a variety of situations.

#### Procedure

Ninety-five participants were randomly assigned to select which of two options—one diagnostic, one nondiagnostic—they preferred for six social situations. One scenario read:

You are in a language class and are told that, later in the year, you must find a conversation partner for your final exam. It is now the beginning of the year and you don't yet know anyone in the class. Please select the situation you prefer:

A) Your professor explains that partners will be assigned by last name.

B) Your professor explains that you will be able to choose your own partner.

Choice A allows one to have a partner but is not socially diagnostic; choice B is socially diagnostic. Other scenarios and choices (available from the authors) involved teachers requiring students to distribute Valentine's Day cards to everyone versus students distributing cards as they wished, all contestants in a contest receiving prizes versus just the top two contestants receiving prizes, a sorority granting the same number of "rush" meals to all interested candidates versus the most desired candidates receiving more, seats at lunch being assigned versus people sitting where they wished, and gym teams being assigned by teachers versus chosen by captains. (In each case, the first option presented here is the nondiagnostic option, and the second is the diagnostic one. In the survey, the order varied.)

The remaining 90 participants selected which of two options—one diagnostic, one nondiagnostic—they preferred for four nonsocial situations. One scenario read:

You are participating in a taste test of sweet and bitter flavors. Please select the situation you prefer:

A) After each taste, you receive feedback from a computer about whether you are better at detecting sweet or bitter flavors.

B) You take the taste test without receiving feedback from a computer after tasting each flavor.

Other nonsocial scenarios involved receiving feedback or not about hearing, pronunciation, and motor or perceptual responses.

Participants also completed the Experiences in Close Relationships-Revised Questionnaire attachment measure (ECR-R; Fraley, Waller, & Brennan, 2000). Order of the ECR-R and the situation items was counterbalanced. The anxiety subscale ( $\alpha = .81$ ) involves an individual's concerns about rejection and abandonment; the avoidance subscale ( $\alpha = .78$ ) involves an individual's discomfort with intimacy and closeness. Items were answered on 7-point scales (1 = *strongly disagree*; 7 = *strongly agree*). The correlation between subscales was .52.<sup>1</sup>

<sup>1</sup>In Studies 1 and 2, the correlation between anxiety and avoidance subscales was relatively similar to the correlation reported by Fraley (2005) for an on-line sample of more than 22,000 people ( $r = .41$ ).

## Results

Values of 1 were assigned to all nondiagnostic options chosen; values of 0 were assigned to all diagnostic options chosen. Each participant's responses were averaged to generate one rating of his or her preference for nondiagnostic situations. We regressed preference on attachment avoidance, attachment anxiety, condition (social or nonsocial), and anxiety-by-condition and avoidance-by-condition interactions. Results indicated a main effect of condition,  $\beta = .64, t(178) = 11.57, p_{\text{rep}} = .99, r = .66$ , such that being in the social condition predicted significantly greater preference for nondiagnostic situations, qualified by a marginal interaction between attachment avoidance and social versus nonsocial condition,  $\beta = .12, t(178) = 1.81, p_{\text{rep}} = .85, r = .13$ . Follow-up tests revealed that attachment avoidance predicted significantly greater preference for nondiagnostic social situations,  $\beta = .21, t(178) = 2.18, p_{\text{rep}} = .91, r = .16$ , but not preference for nondiagnostic nonsocial situations,  $p_{\text{rep}} = .36$ . No other effects were significant.

## STUDY 2

Study 1 provided initial evidence that trait attachment avoidance leads people to prefer nondiagnostic social situations. In Study 2, we sought to extend these results by examining preference for nondiagnostic social situations in a naturally occurring situation where participants believed their choices would influence an important area of their lives.

## Method

### Participants

Thirty-two undergraduates (17 males, 15 females; mean age = 19.7 years,  $SD = 2.21$  years) in a research methods course participated.

### Procedure

On the first day of class, the instructor gave students a questionnaire. Instructions read:

Research projects will be required for this course. You must work in groups of three to five people. These groups can be formed in one of two ways: (1) the professor can randomly assign students to groups or (2) students can choose their own groups.

Participants independently rated their preference for each option on 7-point scales (1 = *strongly oppose*; 7 = *strongly prefer*). Choice of how research groups would be formed was real and consequential to all class members.

Because preferences might be influenced by factors not central to our research questions, participants were asked whether they had friends in the course with whom they would like to work (1 = *no*; 2 = *yes*) and used 6-point scales to report their experience with research and statistics (1 = *none at all*; 6 = *a great deal*), confidence with regard to research and sta-

tistics (1 = *not at all confident*; 6 = *very confident*), and importance of doing well in the course (1 = *not at all important*; 6 = *very important*).

Three weeks later, an experimenter appeared as a guest investigator who measured students' attachment-related avoidance and attachment-related anxiety with the ECR-R (Fraley et al., 2000). Students had no reason to suspect this investigator was associated with the instructor's earlier questionnaire. Both the anxiety and the avoidance subscales had acceptable internal reliability ( $\alpha$ s = .69 and .89, respectively<sup>2</sup>); correlation between subscales was .50.

## Results

Preference for the socially nondiagnostic situation (having the professor randomly assign students to groups) and preference for the socially diagnostic situation (having students choose their own groups) were strongly negatively correlated,  $r = -.88$ , suggesting that they were not tapping separate constructs. Therefore, each participant's preference for the nondiagnostic situation and preference for the diagnostic situation (reverse scored) were averaged to generate one rating of his or her preference for the nondiagnostic situation.

Linear regression revealed that attachment avoidance predicted significantly higher preference for the nondiagnostic situation,  $\beta = .56, t(23) = 2.79, p_{\text{rep}} = .95, r = .50$ , controlling for attachment anxiety, having friends in the course, research and statistics experience, confidence with regard to research and statistics, and importance of doing well in the course. No other predictor variables approached significance, including (and replicating the null finding in Study 1) attachment anxiety,  $p_{\text{rep}} = .18$ , with one exception. Having friends in the course predicted aversion to the nondiagnostic situation,  $\beta = -.46, t(23) = -3.19, p_{\text{rep}} = .97, r = .55$ .

## STUDY 3

In Study 2, trait attachment avoidance predicted preference for a socially nondiagnostic situation when participants' choices were real and consequential. Because both Studies 1 and 2 employed correlational designs, in Study 3 we experimentally primed avoidance and measured participants' actual choices to receive feedback about how another person felt about them (diagnostic) or to not receive such feedback (nondiagnostic).

## Method

### Participants

Twenty-six undergraduates (16 males, 10 females; mean age = 19.0 years,  $SD = 2.47$  years) participated for \$6 or course credit.

<sup>2</sup>One item ("I want to merge completely with another person") was removed from the anxiety subscale because inclusion generated a considerably lower alpha of .58.

Data from one additional participant were excluded due to suspicion.

### Procedure

Individuals participated in a laboratory study. The experimenter told participants that she was interested in how people solve problems by working independently and with others. She explained that another participant had just begun the study. (In reality, the other participant did not exist.)

Participants were asked to complete a short written task, supposedly for a senior thesis student working in the laboratory. In actuality, the task was designed to prime an avoidant, anxious, or secure attachment style by asking participants to write about a specific person who fit a particular attachment style, and thus to have thoughts about someone who should prime the relevant attachment dimension.

The avoidant prime read:

Please think of a person you are uncomfortable being close to. Describe a time in which you did not trust him or her, and did not allow yourself to depend on him or her.

The anxious prime read:

Please think of a person who is reluctant to get as close as you would like. Describe a time in which you worried that this person did not care about you or want to spend time with you.

The secure prime read:

Please think of a person you are very comfortable being close to. Describe a time in which you felt comfortable depending on him or her, and/or having him or her depend on you.

These primes were generated from Hazan and Shaver's (1987) descriptions of three adult attachment styles—avoidant, anxious, and secure—and from ECR-R items (Fraley et al., 2000). The avoidant prime was given to 8 participants, the anxious prime was given to 8 participants, and the secure prime was given to 10 participants. The experimenter remained unaware of which prime participants had received.

After being primed, participants completed a prestudy questionnaire in which they reported their gender, residential college, year of graduation, marital status, involvement in extracurricular activities, and reasons for study participation. Two copies of the prestudy questionnaire appeared on each page. When participants received the questionnaire, the first questionnaire at the top of the page already had been completed, ostensibly by the other participant. The participant's responses were selected so that he or she was the opposite gender of the actual participant, belonged to the same residential college, had the same year of graduation, was single, was involved in extracurricular activities, and was participating in the study to learn more about psychology studies and to meet new people. (Re-

sponses were selected based on pretests indicating that these qualities would make the ostensible participant a desirable relationship partner and would not arouse suspicion.)

Once participants had completed the prestudy questionnaire, they were told they would begin the study. The experimenter explained that there were two conditions: one in which participants did problem-solving tasks alone, and one in which participants did problem-solving tasks together. She continued:

You've been assigned to the pair condition, so you and the other student will work together. I'll tell you how you two did on the task after you've finished. If you'd like, you can also get feedback from the other student about how much s/he enjoyed working together, but you don't have to if you don't want to. What would you prefer?

When participants chose to receive social feedback from the other participant, they were choosing a diagnostic situation; when they chose not to receive feedback, they were choosing a nondiagnostic situation.

The experimenter recorded participants' choices without knowing which prime they had received. Once this information had been collected, the experimenter told participants they need not complete the tasks, checked for suspicion, and debriefed them.

### Results

A value of 1 was assigned to the nondiagnostic situation (choosing not to receive feedback from another participant); a value of 0 was assigned to the diagnostic situation (choosing to receive feedback from another participant). A one-way analysis of variance indicated a significant effect of attachment prime,  $F(2, 23) = 3.07$ ,  $p_{\text{rep}} = .90$ ,  $\eta_p^2 = .21$ . Repeated contrasts revealed that avoidantly primed individuals ( $M = .75$ ,  $SD = .46$ ) chose the nondiagnostic situation significantly more often than did securely primed individuals ( $M = .20$ ,  $SD = .42$ ),  $p_{\text{rep}} = .92$ . Anxiously primed individuals' choice scores ( $M = .50$ ,  $SD = .53$ ) fell between those of avoidantly primed and securely primed individuals and did not differ from either,  $p_{\text{rep}} = .65$  and  $.73$ , respectively. An analysis of covariance also was conducted with gender and marital status as covariates; neither covariate reached significance, both  $F$ 's  $< 2$ .

### DISCUSSION

#### Avoidance Influences Situation Choice

In three studies, avoidance was associated with reluctance to enter socially diagnostic situations. Evading socially diagnostic situations in favor of socially nondiagnostic ones may allow avoidant individuals to evade both the potential intimacy and rejection they wish to avoid and to retain the autonomy and control they desire (cf. Buunk, 1997; Diamond et al., 1999; Mikulincer & Horesh, 1999; Mikulincer & Shaver, 2003; Shaver et al., 1996) while still permitting them to socialize. Earlier

research (Bartz & Lydon, 2006, Study 3) has shown that avoidant individuals are less likely than secure individuals to make relational attributions for a potential relationship partner's seemingly communal behavior and less likely to assign such behavior importance for relationship development. This suggests that avoidant people evade thoughts that others may desire close relationships even when faced with evidence to the contrary. Our studies move evidence of their self-protective strategies to a prior step: We show that, when given the chance, avoidant individuals behaviorally evade socially diagnostic situations in the first place, thereby precluding exposure to evidence of others' acceptance or rejection and any need to self-protectively interpret such gestures.

Situational choices are important because they likely have long-term consequences for people's relationships. Although choosing nondiagnostic situations protects people from being rejected, this choice also precludes receiving clear feedback that another likes them. As Secord and Backman (1964) noted, knowing that another likes you is one of the most powerful determinants of reciprocating those feelings (Hays, 1984; Kenny, 1994; Kenny & DePaulo, 1993; Kenny & LaVoie, 1982; Murray, Holmes, & Collins, 2006; Murray, Holmes, & Griffin, 2000; Sprecher, 1998) and presumably of building trust, intimacy, and close relationships. Only those who risk receiving negative feedback are likely to reap the relationship rewards of receiving positive feedback. Similarly, only those who risk receiving negative feedback are likely to benefit from early signals that the relationship may not be worth pursuing.

One might ask whether the desire to avoid intimacy or the desire to avoid rejection drove avoidant participants' choices. One might also ask whether, as we suspect, the lack of effects of anxiety in all three of our studies was due to anxious people simultaneously desiring social feedback and fearing such feedback, with these opposing motivations canceling out potential effects on situation choice. Future work in which these desires are measured or manipulated independently will be necessary to assess the possibly independent effects of wanting to avoid intimacy and wanting to avoid rejection on persons' choices of situations.

Study 1 provides evidence that avoidant individuals' distaste for socially diagnostic information does not extend to any kind of diagnostic information. Avoidant participants were as interested as others in feedback regarding their taste, hearing, pronunciation, and motor skills. Yet one might point out that diagnostic information in those domains carried little positive or negative socially evaluative tone. That was intentional: We wished to provide diagnostic information that was very clearly not social in nature. Ability-based feedback that is positive or negative in tone (e.g., feedback about one's intelligence or athletic skills) is imbued with socially diagnostic information because high abilities in these domains generally invite higher social acceptance and admiration, whereas low abilities generally carry with them the possibility of rejection.

One also might ask whether, if given a third choice of opting out of socializing altogether, avoidant (or anxious) individuals might have preferred that option over the two options we did offer. That is possible. Yet, oftentimes, opting out is not a realistic possibility for people. For instance, the options presented to our participants in Study 2 really were the only options the instructor of that course was considering. Moreover, attachment theory does not suggest that avoidant people want to avoid socializing or enjoying others' company. Presumably, they feel the same need to belong that others feel. Thus, it was important to examine how they might cope with their motives to avoid intimacy and rejection while maintaining the ability to have some sort of relationship with others. Nonetheless, assessing preferences for opting out versus choosing a socially nondiagnostic or diagnostic situation would be of interest. We anticipate that, on average, avoidant people would prefer socially nondiagnostic situations over opting out of interaction altogether; the extant literature suggests that they like being with and socializing with others (as long as potential for intimacy and rejection are held in check).

#### Alternative Explanations?

Although it is clear that avoidant participants sidestepped socially diagnostic situations, one might argue that avoidant people evade socially diagnostic situations not to avoid intimacy and rejection and maintain control, as we suggest, but because they care more about equity or wish to avoid social competition more than do nonavoidant people. We do not see these as alternative explanations. Rather, we see avoiding social competition and insisting on procedural equity in the situations we have investigated as common ways of avoiding socially diagnostic information.

Moreover, there are empirical reasons to suspect that avoidant people having especially high desire for equity did not drive our results. For instance, Grau and Doll (2003) found that it is anxious, not avoidant, people who are especially concerned about equity, and Bartz and Lydon (2006, Study 2) reported that it is anxious, not avoidant, people who become especially distressed when partners fail to keep track of inputs into a task. These studies suggest that, if concerns about equity played a role in situation choice, we ought to have found effects of anxiety on situation choice. We did not find any such effects. In addition, on a logical basis, it is not at all clear that our nondiagnostic situations would ensure equity. For instance, randomly assigning students to groups would likely result in some hard workers being placed with some freeloaders, causing inequities within groups, whereas allowing students to choose groups would promote equity if the hardest or most talented workers decided to work with other hard or talented workers. As another example, giving equal awards to all in a talent show regardless of merit discounts differential input into the task, which is considered in judgments of equity.

### Anxiety and Situation Choice

Attachment-related anxiety was not associated with reliable influence on participants' situation choices in any of our three studies. We believe that these null results likely are a function of countervailing forces canceling one another out: the desire for relationships and positive feedback from others (Hazan & Shaver, 1987; Pietromonaco & Barrett, 2006) and low expectancies that others will think well of them (Collins & Read, 1990; Hazan & Shaver, 1987) combined with anticipation of negative emotions in response to negative feedback (Mikulincer, 1998; Simpson et al., 1996; see Pietromonaco et al., 2006).

### Conclusions

Decisions to enter or avoid socially diagnostic situations are important because such situations likely serve as a gateway for developing communal relationships. People must choose to enter or create socially diagnostic situations to receive feedback regarding partners' liking for them and caring for their welfare (cf. Holmes & Rempel, 1989), to have the possibility of receiving positive feedback, to learn to trust partners, and then to choose to risk becoming more dependent upon and responsive to their partners (cf. Murray, Holmes, & Griffin, 2000). (So, too, must they enter such situations and receive feedback to be able to quickly extricate themselves from relationships in which others are unlikely to care for them over the long term.) By sidestepping such situations early on and perhaps continuously over the course of a relationship, avoidant individuals may protect themselves from intimacy, loss of control, and early rejection, but they also forgo the joys and benefits of a reciprocal, trusting relationship, as well as the benefits that early negative signals can serve in limiting investments into relationships not worthy of such investments.

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