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## What Constitutes a Healthy Communal Marriage and Why Relationship Stage Matters

*The authors take a position that high-quality marriages are best defined in terms of theoretically grounded sets of intra- and interpersonal processes that promote both individuals' mental and physical health and the health of their relationship. On the basis of a long-standing research program on communal and exchange relationships, they set forth one set of marital processes, those surrounding the provision of mutual responsiveness, that contribute to marital quality. Then they add an important caveat: Relationship stage matters. They present a model of three additional relationship processes (strategic self-presentation, self-protection, partner evaluation), each of which is proposed to be healthy and normative during relationship initiation but harmful to individuals and relationship functioning if it does not diminish or disappear following marital commitment.*

In this article, we suggest that marital quality is best defined by sets of intra- and interpersonal relational processes that contribute to individual and relationship well-being, with some processes marking good relationships and others marking poor ones. An understanding of these

processes is best grounded in theory that identifies the function of these processes and suggests their antecedents and consequences. Extant programs of relationship research in social psychology are an excellent resource for identifying and understanding these processes. We identify one set of processes based on the second author's prior theory and research on communal relationships. Then we turn to how relationship stage matters. Relying on a new program of research on the initiation of communal relationships led by the first author, we set forth a model of three healthy relationship initiation processes that, we propose, become markers of lower quality relationships if they persist in established, ongoing marriages.

### WHAT CRITERIA SHOULD RESEARCHERS AND CLINICIANS USE AS MARKERS OF A HIGH-QUALITY CLOSE RELATIONSHIP?

Psychologists and writers of popular literature often characterize relationships as good or bad, but they rarely explicitly ask the question of just what the markers of such relationships are. Instead, the answer is often implicit in reported research. Typically, an outcome measure such as stability (does the couple divorce or remain together?) or satisfaction (is it high or low?) is used as a marker of relationship quality, and antecedent markers (e.g., having cohabited before marriage; Bennett, Blanc, & Bloom, 1988; having a spouse who was previously married; Martin & Bumpass, 1989) or behaviors in the relationship (e.g., expressions of

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criticism, contempt for a partner, defensiveness, stonewalling; Gottman, 1994) that correlate with that measure are said to characterize good or bad relationships.

We take a different approach. We propose that a high-quality close relationship is best defined in terms of relational processes (identified through theory-driven research) that foster each member's mental and physical well-being, as well as the health of the relationship itself. A relationship is of high quality to the extent that it is characterized by intra- and interpersonal processes contributing positively to those criteria and simultaneously not characterized by intra- and interpersonal processes detracting from those criteria. Why do we believe this approach is important? First, by focusing on what, theoretically, predicts (and detracts from) broad positive outcomes of marriage, researchers are more likely to identify not only negative relational processes that detract from marital quality but also positive relational processes essential to marital quality. It is surprising that positive processes have been relatively neglected in specifying the quality of marriages. This is, perhaps, because distressed marriages are those that come to clinicians' attention, and it is natural to focus on why they are distressed. It also may be due, in part, to negative or bad things being more likely to capture attention than are positive or good things (Baumeister, Bratslavsky, Finkenauer, & Vohs, 2001; Fiske, 1980), for researchers themselves can be subject to such biases. Second, we believe that focusing on the implications of relationship theory and research is most effective for uncovering early, subtle predictors of later marital problems that may not be obvious signs of problems to either clinicians or members of marriages. Accomplishing this is essential to understanding the often-long pathways to severe marital dysfunction (and to optimal marital function). In turn, understanding those pathways seems essential to practitioners' ability to devise interventions (and preventative steps) relevant to enhancing the quality of marriages.

#### WHAT PROCESSES CHARACTERIZE HIGH-QUALITY MARRIAGES?

We cannot identify all processes that contribute to or detract from high-quality marriages here. Instead, we identify some of the processes that characterize high- and low-quality marriages (and friendships and family relationships more

generally) that a long-standing program of research on communal relationships in social psychology suggests (Clark & Lemay, 2010; Clark & Mills, 1979, 1993, in press; Clark & Monin, 2006). We use that program of research to identify one set of processes that we believe is crucial to high-quality marriages and another set of processes that detracts from marital quality. We hasten to add that many other psychologists studying relationships have identified overlapping and additional processes. Moreover, our list certainly does not represent a comprehensive set of all processes that inform marital quality. Such a list of processes (and measures of those processes) might be assembled by integrating knowledge from many theories of relationship functioning and the research testing those theories.

#### WHAT WORK ON A QUALITATIVE DISTINCTION BETWEEN COMMUNAL AND EXCHANGE RELATIONSHIPS SUGGESTS ABOUT THE NATURE OF A HIGH-QUALITY MARRIAGE

Work on communal relationships began in the late 1970s by drawing a qualitative distinction between norms ideally governing the giving and receiving of benefits in close relationships (including marriages, as well as other family relationships, romantic relationships, and friendships) versus relationships between people doing business with each other, acquaintances, and strangers. For purposes of the theory, benefits were defined as anything of value that a person intentionally provides to a partner, and the category of benefits might include goods, services, information, advice, expressions of affection, encouragement, inclusion of the other in joint activities, and even restraint one might exercise to promote the partner's welfare.<sup>1</sup> Communal relationships were defined as ones in which each person feels a special concern for the partner's welfare and provides benefits to that partner noncontingently, with the aim of promoting that partner's welfare. The partner accepts those benefits without feeling debt. Communal relationships were contrasted with exchange

<sup>1</sup>Benefits excluded rewards that people might derive from a relationship but that the other person did not intentionally transfer. A partner's good looks, for instance, might please a person and be rewarding, but we did not consider that a benefit.

relationships, in which benefits are given contingently with the expectation of receiving comparable benefits in return or in response to benefits received in the past (Clark & Mills, 1979; Mills & Clark, 1982).

Initial studies demonstrated that when people desire a communal relationship with another person and give benefits to him or her, they like that person best (and do not feel exploited) when the other person does not offer repayment, whereas the reverse pattern applies when people do not desire a communal relationship. Similarly, if people desire a communal relationship and have received a benefit, they like a partner who does not request repayment better than one who does, whereas the reverse is true if they desire an exchange relationship (Clark & Mills, 1979; Clark & Waddell, 1985). Additional work found that when people desire or already have a communal relationship with each other, they do not keep track of contributions to joint tasks, whereas if they do not want a communal relationship, they keep track (Clark, 1984; Clark, Mills, & Corcoran, 1989). Work also revealed that when people desire close, communal relationships, they keep track of partners' needs (Clark et al., 1989; Clark, Mills, & Powell, 1986), more readily provide support to partners (Clark, Ouellette, Powell, & Milberg, 1987), react with enhanced support and show no decrements in liking when partners express emotion (Clark et al., 1987; Clark & Taraban, 1991), feel good about themselves and experience better moods when they do provide support (Williamson & Clark, 1989, 1992; Williamson, Clark, Pegalis, & Behan, 1996), and feel especially bad when they do not provide support (Williamson & Clark, 1992; Williamson et al., 1996). In contrast, when people have low desire for a communal relationship, they are not especially responsive to partners' needs (Clark et al., 1987); do not respond favorably to partners' expressions of emotion (Clark et al., 1987; Clark & Taraban, 1991); and actually may experience more negative mood states after providing support to partners, especially if they have chosen to do so, as opposed to having been required to do so (Williamson & Clark, 1989; Williamson et al., 1996).

A recent longitudinal study of engaged, then married couples suggests that adherence to a communal norm is people's ideal for marital relationships (Clark, Lemay, Graham, Pataki, & Finkel, in press). Moreover, partners' reported

adherence to a communal norm—as well as their perceptions of their spouse's adherence to that norm—have been linked to greater relationship satisfaction (Clark et al., in press). Others' work has shown that high levels of the individual difference variable of exchange orientation are negatively related to satisfaction in close relationships (Buunk & Van Yperen, 1991; Murstein, Ceretto, & MacDonald, 1977; Murstein & MacDonald, 1984) and that insecure attachment interferes with the ability to follow communal norms comfortably, as well as to avoid exchange norms (Bartz & Lydon, 2006; Clark et al., in press).

On the basis of these findings, we suggest that one broad beneficial process—perhaps the most important beneficial process in close relationships—involves each member being noncontingently responsive to his or her partner so as to promote the welfare of that partner. (Responsiveness includes giving all the types of benefits referred to above.)

Noncontingency is an important aspect of this process for several reasons. First, if benefits are given on an exchange basis, the motivation for giving benefits includes the donor's desire to receive repayment or to repay the partner for a past benefit. The recipient's needs or desires or the donor's desire to enhance the recipient's welfare do not necessarily play into the process. This means that the recipient's needs may not be met. The second reason concerns the symbolic meaning of giving and receiving benefits for both the donor and the recipient. If benefits are given noncontingently, the recipient can infer that the donor is caring. So, too, may the donor infer through self-perception (Bem, 1967, 1972) and projection of his or her own caring actions (Lemay & Clark, 2008; Lemay, Clark, & Feeney, 2007) that he or she is caring. These inferences are important for promotion of the recipient's sense of security. They are also important for individuals' feelings of love for and commitment to the partner. The cumulative symbolic value of a noncontingently given benefit in terms of enhancing security and promoting connection is likely more important than are many—probably most—of the actual benefits given.

Such noncontingent responsiveness can support mental and physical health in myriad ways. Most obviously, the benefit itself may alleviate stress by taking care of an immediate problem. Yet the sense of security that emerges from noncontingent support ought to promote health in

many other ways. If one feels safe in a partner's company and if one's partner has one's back, then the need to be constantly vigilant to one's surroundings decreases, likely with attendant decrements in blood pressure and in fear. One can safely seek help when needed without fear of being rejected. Moreover, one can engage in and enjoy joint activities without fear that a partner will judge one negatively. Of course, attachment theorists (for a review, see Mikulincer & Shaver, 2007) have long advocated just these sorts of benefits of security; here, we emphasize that the process of noncontingent mutual responsiveness results in felt security.

Distinct from noncontingent responsiveness is contingent giving and, indeed, contingent acceptance of benefits, a process that Clark and Mills (1979; see also Mills & Clark, 1982) noted is a fair way to exchange benefits and a good characteristic of many relationships but a harmful process for communal relationship quality. Contingent giving and contingent acceptance are harmful because they call into question the communal basis of the relationship. If one will support a spouse only if he or she provides a benefit in return, it is unclear that one cares about the spouse's welfare and that the support will continue or even be linked to his or her needs. Perhaps less obviously, if one repays a noncontingently given benefit, it suggests to the donor that the benefit was misperceived as having been contingently given, that one may not wish to have any future responsibility for the other's welfare, or that the recipient doubts the donor's noncontingent motivation. Any of these explanations detract from the communal nature of the relationship.

The importance of noncontingency suggests a host of specific interpersonal processes whose appearance in marriages likely indicates a less-than-optimal quality marriage. These include record keeping, requesting repayments, and offering repayments for benefits received. These behaviors signal lack of trust in partners and thus can be symptoms of problems. Experimental work has shown that they are uncommon when communal relationships are desired and in early marriage (Clark, 1984; Clark et al., in press), that they reduce liking (Clark & Mills, 1979), and that their appearance in a relationship is associated with anxious attachment just before marriage and with decreased relationship satisfaction during marriage (Clark et al., in

press). Appealing to an exchange norm, we assume, threatens a sense of feeling secure in one's partner's care.

Because behaviors conforming to an exchange norm are fair and actually called for and beneficial in other relationships (e.g., those between business associates, strangers, or initial acquaintances), and because the general population does not explicitly make a qualitative distinction between communal and exchange norms, spouses and many therapists may be hard pressed to express why behavior conforming to an exchange norm can be distressing and dysfunctional in marriage. Requesting repayment may seem reasonable, and although it may be discomforting to receive explicit repayments, it is certainly difficult to complain about them.

Turn taking in task performance in marriage is generally a positive sign and ought to be distinguished from—and ought not be mistaken for—adherence to an exchange norm (although it can also be compatible with that norm). Consider this example: Both members of a couple hate washing dishes. If needs are equivalent in this regard, turn taking is a solution that is perfectly compatible with a communal norm and, indeed, even dictated by that norm. How might healthy turn taking and adherence to an exchange norm be teased apart? From an outsider's viewpoint, doing so requires stepping back from the immediate behavior and observing patterns across time, as needs of the individual relationship members vary. Suppose a couple takes turns washing dishes. Then the husband contracts the flu. If his wife takes over, washes dishes for a week, and then upon his recovery the husband states that he now owes her a week worth of dish washing, the couple is likely operating on an exchange basis. That is not a sign of a high-quality marriage. If, however, they simply return to turn taking, their behavior suggests adherence to a communal norm and the existence of a healthy marriage.

Broadly speaking, we believe that mutual noncontingent responsiveness is the overall process most central to high marital quality and that contingent responsiveness detracts from relationship quality, but many subprocesses ought to facilitate or detract from noncontingent responsiveness and thus also may mark high marital quality. For mutual responsiveness to be optimal, there must be flexibility in one's relational focus of attention (Clark, Graham, Williams, & Lemay, 2008). A person's relational focus

of attention ought to move fluidly and flexibly between the partner (and what the self can do for the partner) when the partner's need is high; between the self (and what the partner can do for the self) when one's own need is high; and on mutually beneficial activities (rather than on the self or partner) when both members can benefit from doing so. There should be routine monitoring of both own and partner needs and desires (Clark, Dubash, & Mills, 1998; Clark et al., 1986), and these needs and desires should guide relational focus of attention.

Self-disclosure and expression of emotions reflecting each person's authentic nature and current needs (or lack thereof) are additional processes indicative of a high-quality marriage. After all, it is difficult, if not impossible, for a partner to be responsive to one's needs without communication about those needs (Zaki, Bolger, & Ochsner, 2008, 2009). A willingness to express negative emotions has been shown to help college students build relationships and receive help from close partners (Graham, Huang, Clark, & Helgeson, 2008) and theoretically should promote responsiveness in marriages as well (Clark, Fitness, & Brissette, 2004). Moreover, a recent study of long-term marriages has shown that when one spouse is ill and the other provides care, emotional expression (happiness, compassion, guilt) by the recipient of care is associated with lower caregiver stress and improved sensitivity of caregiving (Monin, Matire, Schulz, & Clark, 2009). Happiness presumably conveys that caregiving has been successful and expressions of compassion and guilt ought to suggest that the recipient has concerns for the caregiver. That a recipient's compassion and guilt regarding a caregiver enhances marital function is yet another sign that it is often not the benefits given, in and of themselves, that are the only aspect of responsiveness important to the relationship—the ongoing sense of mutual care is crucial. In contrast to the value of emotional expression, suppression of emotional expression and an absence of self-disclosure (behaviors that may be valuable in an exchange relationship) signal lower relational quality, both because they interfere with responsiveness and because emotional suppression itself has physiological costs (Gross & Levenson, 1993; Roberts, Levenson, & Gross, 2008). As with offering repayments for benefits, not expressing negative emotions (e.g., anxiety, fear, sadness, anger) may not seem to be an obvious

marker of a lower quality marriage. Indeed, suppression might seem to be a good process. Yet in the context of communal relationships theory, it indicates a weakness in the relationship.

It is certainly not the case that the more emotion expressed, the better the relationship is. A lack of authenticity in emotional expressiveness in the form of exaggerating one's own needs or emotions and minimizing the partner's needs or emotions is an additional marker of a poor relationship, not because it interferes with the partner's ability to be responsive but because it exploits the partner's concern for one's welfare (Mills & Clark, 1986) and represents inauthenticity in the relationship.

Note that loss of behaviors characteristic of communal functioning (e.g., expressing emotions) and emergence of behaviors characteristic of exchange functioning (e.g., record keeping) are likely to be early signs of marital dysfunction. We suspect that they emerge well before more dramatic signs of dysfunction such as hostile conflict appear. We suggest that a rise in exchange behaviors often follows a loss of faith in communal functioning, but we acknowledge that adherence to exchange behaviors still represents a way to civilly interact with a partner. However, it is an unsatisfying means of interaction, and as inequities inevitably will be found, such a stage of contingent benefit giving likely precedes yet another switch in relational behavior—to behaviors indicative of pure self-interest including, perhaps, exploitative behaviors.

Thus far, we have emphasized behavioral processes that promote and detract from optimal communal functioning in marriages. The theory also suggests that certain cognitive processes may signal well-functioning or poorly functioning marital relationships. We offer just one example from recent research (Beck & Clark, 2010) that may indicate higher versus lower quality marriages. A communal relationship requires noncontingent giving of benefits. If the norm is followed, both members ought to perceive that benefits they receive were freely given. In turn, the perception that benefits have been given voluntarily ought to encourage mutual, cyclical growth (Wieselquist, Rusbult, Foster, & Agnew, 1999) of the relationship, with attendant increases in recipients' felt security. But what if people fear closeness and dependence in a relationship? What if they are not ready to trust and depend on the partner? One solution is to protect themselves from risking



dependency by perceiving benefits that were voluntarily given as having been nonvoluntarily given. If benefits were not given on a noncontingent, voluntary basis, then remaining at a distance from the person and not increasing trust is justified. Our recent research suggests that avoidantly attached individuals (i.e., people who are uncomfortable depending on others; see Mikulincer & Shaver, 2007) show such biases in marriage. In a diary study, each member of newly married couples reported all benefits given to and received from each other and whether those benefits were voluntarily or involuntarily given. People high in avoidance—more so than those low in avoidance—misperceived benefits that their partner gave them as involuntarily given, controlling for spouses' own reasons for having given benefits (Beck & Clark, 2010). Thus, yet another marker of a lower quality marriage might be the presence of cognitive biases that prevent increases in trust and willingness to depend on a spouse when necessary.

#### IMPLICATIONS OF A QUANTITATIVE DIMENSION OF COMMUNAL RELATIONSHIPS AND OF RELATIONAL HIERARCHIES FOR MARITAL QUALITY

Following the qualitative distinction between communal and exchange relationships (Clark & Mills, 1979, 1993), scholars noted that not all communal relationships are equal: Some are stronger than others (Mills & Clark, 1982; Mills, Clark, Ford, & Johnson, 2004), with strength referring to the degree of responsibility that one assumes for a relationship partner. Yet another sign of marital health (and one that may vary by culture) is each person's felt communal strength toward the partner (Mills et al., 2004). Greater communal strength suggests greater noncontingent responsiveness and more potential benefits for each person. Thus, high levels of communal strength between partners likely enhance marital quality. Moreover, at least in Western culture, spouses feeling equivalent levels of communal strength or, in other words, feeling equivalently responsible for one another's welfare (even though needs may be unbalanced) should enhance marital quality.

We all have sets of communal relationships and do not feel the same degree of responsibility for everyone in the set, even though we may follow communal norms in each one. We all place responsibility for our own welfare within

our hierarchies of communal relationships, typically high in those hierarchies. We suggest that most people have a few very strong relationships, more middling ones, and many weak ones, in which very low-cost benefits are given on a communal basis.

We do not take a strong position on particular hierarchies that will be optimal for marriage. What is optimal almost certainly varies by culture. However, we assert that both the formation of hierarchies and the alignment of partners' hierarchies are very important to marital quality. First, having complementary hierarchies will facilitate high-quality marital functioning. For instance, a husband who places the needs of his newborn infant at the top of his hierarchy, followed by his wife's needs and his own needs (which share a tied position), paired with a wife who also puts the infant at the top of her hierarchy, followed by her husband's needs (which share a tied position with her own needs) will have a more smoothly functioning relationship than will a husband who places himself at the top of his hierarchy, then his wife and then his infant, paired with a wife who places the infant's needs at the top, followed by herself and her husband, who have equal ranks. The conflicts, misunderstandings, and hurt feelings that will arise from such a mismatch seem straightforward and will be negative relational processes. Even more important, placing oneself alone at the top of one's hierarchy and at a higher position than one's spouse will detract from marital quality in many ways. Doing so likely precludes forgiveness and sacrifice in marriage, processes that have been shown to be beneficial in committed relationships (McCullough, Worthington, & Rachal, 1997; Van Lange, Rusbult, Drigotas, Arriaga, & Witcher, 1997) so long as a partner's behavior is not extremely negative (McNulty, 2008). So, too, is placing oneself below one's spouse in one's hierarchy a negative sign for marriage. Doing so may prevent a person from seeking the noncontingent support he or she needs or expressing emotions and self-disclosing in ways that signal needs, behaviors we have already identified as important to high-quality marriages. The likely importance of the nature and match of communal hierarchies suggests that clinicians interested in marital health might have couples map their own hierarchies and, when they detect problems, discuss the nature of the maps and design interventions.

#### STAGE OF RELATIONSHIP MATTERS

Here, we add an important caveat: In evaluating the quality of relationships that lead to marriage in terms of intra- and interpersonal processes, the stage of relationship matters. Some processes are healthy and functional in the context of one stage of a relationship and unhealthy or detrimental in another stage. We describe the research relevant to relationship initiation in more detail than research described in the prior sections because it is more recent and less well known.

#### *Relationship Initiation*

Healthy relationship initiation may entail a set of interpersonal processes that, in many ways, are qualitatively different from those that characterize healthy marital relationships. Although researchers know a great deal about factors that cause people to become romantically attracted to each other, as well as about the nature of interpersonal processes that occur in marriages, little research has examined how people transition from initial attraction to healthy relationship functioning. In fact, we assert, many of the processes characterizing the healthy initiation of relationships that will become marriages cannot be considered simple and gradual increases in processes appropriate to and healthy in established marital relationships. Instead, we propose that people have special concerns during relationship initiation that must be managed at the same time that they strive to behave in ways appropriate to close, established relationships: concerns, for instance, with protecting themselves from possible rejection and presenting themselves as an especially desirable partner. We suggest that the outcome of this balancing act is a set of interpersonal processes that are self-oriented and healthy in the context of relationship initiation that become unhealthy and detrimental to relationships if they persist across formal commitments to marital partners.

We propose that the initiation stage of romantic relationships normatively involves at least three interpersonal processes: strategic self-presentation, covert evaluation of whether to commit to a relationship with the potential partner, and self-protection from rejection. After initial attraction to a potential partner, people must strategically present themselves as a desirable relationship partner to win over that

potential partner. They also must covertly evaluate the communal qualities of their potential partner to determine whether he or she has desirable characteristics and will be responsive to their own needs, and thus whether to make a commitment to that partner. All the while, they must protect themselves from rejection and exploitation as they negotiate the potential relationship, keeping themselves from becoming too vulnerable until it is clear that both individuals want the relationship and that the partner will be communally responsive. If people win over the potential partner, determine that the relationship is viable, and ultimately decide to commit to that relationship, the initiation stage typically will end.

We posit that these three proposed processes—strategic self-presentation, evaluation of whether to commit to the potential partner, and self-protection from rejection—are normative, healthy, and functional in the context of relationship initiation but likely become unhealthy or detrimental in the context of marital relationships. In marital relationships, strategic self-presentation may mean that partners do not get the support they need because they do not express their true desires, hopes, and emotions. A more functional presentation of the authentic self, which will facilitate the partner's responsiveness, should replace strategic self-presentation. Similarly, in marital relationships, self-protection may interfere with a person's willingness to express needs and vulnerabilities and to depend on the spouse, thus diminishing the amount of high-quality support that person can and will receive. Willingness to accept and even to seek appropriate dependence on the partner should replace self-protection. In marital relationships, continued evaluation of whether one really should have committed to a relationship with that partner can call that relationship into question. Evaluation should be replaced with acceptance and the goal of implementing a mutually responsive relationship. Indeed, acceptance of the partner and movement toward a communal relationship are facilitated by positive illusions about the partner (Murray & Holmes, 1997; Murray, Holmes, & Griffin, 1996a, 1996b), accommodation in the face of routine ups and downs in the relationship (Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991), tendencies to forgive (Rusbult, Hannon, Stocker, & Finkel, 2005), and even tendencies to find virtues in partners' mundane faults (Murray

& Holmes, 1993).<sup>2</sup> In the following sections, we discuss each relationship initiation process, its functional role, and some ways the process may be detrimental to enacting the types of noncontingent responsiveness that are so important to high-quality marital relationships.

*Strategic self-presentation.* At the relationship initiation stage, we propose that people already feel some attraction toward a potential partner based on factors such as physical attractiveness, information from third parties, and first impressions of personality attributes. At this point, one of the most salient tasks is to strategically present oneself as a desirable partner to that potential partner. After all, there is little hope for a relationship without reciprocal interest. Once a potential partner has been identified, a person must convey that he or she would be a good, communally responsive partner for that person per se. The person ought to strategically present him- or herself as especially attentive, capable, and motivated to understand, accept, and care for that person (Reis & Patrick, 1996; Reis & Shaver, 1988). Offering support is one example of behavior that can convey that people are kind, compassionate, capable, generous, and attentive to others' needs—all qualities that characterize a desirable communal relationship partner. If a potential partner accepts gestures of support and does not offer specific repayment, that partner has conveyed information implying interest in a communal relationship (see Clark & Mills, 1979, Study 1), which suggests one's strategic efforts have been effective.

Of course, ultimately, these relationships should involve mutual responsiveness, and determining whether the other cares for you is also part of evaluating the emerging relationship. Whereas asking for support is just as necessary and appropriate to an established communal relationship, in the context of relationship initiation, it may be a worse self-presentation strategy than offering support. Offering support suggests one is generous, kind, and attuned

to the other's needs. Seeking support does not. Moreover, seeking support can convey faults and neediness and make one vulnerable to rejection (thereby interfering with self-protection processes also at play in relationship initiation).

One outcome of strategic self-presentation should be that people offer more support than they seek at the relationship initiation stage. We tested this hypothesis by asking people to report their willingness to offer or request different types of support from a potential partner (the relationship initiation condition) or a close partner (the close relationship condition; Beck & Clark, 2009). Participants were asked to identify either someone with whom they would like to initiate a relationship or someone with whom they already had a close, communal relationship. Then participants in each condition were asked to rate their likelihood of either asking that person for a variety of commonly occurring types of support (e.g., "If you needed a ride to the train station and this person had a car, how likely would you be to ask for a ride?") or offering that person identical support (e.g., "If this person needed a ride to the train station and you had a car, how likely would you be to offer him or her a ride?"). Results revealed that people were more likely to offer than request support from partners in both the relationship initiation and the close relationship conditions. As predicted, people were more likely to request support from partners in the close relationship than in the relationship initiation condition; that is, the asymmetry between offering and seeking support was attenuated for close relationships. Early on, people were strategically presenting themselves as good, communally responsive relationship partners and were avoiding a negative impression of appearing needy (as well as protecting themselves from potential rejection) by not seeking as much support.

Strategic self-presentation should decrease as the potential partner indicates relationship interest (or lack thereof). If the potential partner demonstrates willingness to pursue the relationship, strategic self-presentation should diminish because such efforts conflict with determining how responsive he or she would be in a close, communal relationship. Ideally, strategic self-presentation should end once people make a commitment to their partner, and the nature of support provision should change in a number of ways. First, support provision

<sup>2</sup>This is not to say that a person should not respond to severe or persistent violations of communal norms (e.g., physical abuse, ignoring serious needs across time) with reevaluation and reconsideration of commitment (see, McNulty, 2008; McNulty, O'Mara, & Karney, 2008). Instead, evaluation should no longer be a routine and daily process in committed, mostly well-functioning marriages.



should become more mundane and automatic. Second, the motivation behind giving support should change from presenting the self positively to simply meeting the needs and desires of the partner as those needs and desires arise and this may cause support levels to drop a bit (Clark et al., in press). Third, expectations that one's offers will be accepted and that one's requests will be fulfilled should increase, with both behaviors becoming routine, thus quelling the uncertainty that may surround offers and requests of support early in a relationship.

In fact, the process of strategic self-presentation by offering more support than one seeks appears to be normal and healthy when relationships are being initiated but likely becomes unhealthy when needs are equivalent in ongoing relationships and there has, ideally, been a mutual commitment to the relationship. Partners ought to have accepted one another at that point and a need to strategically present the self to win over the partner ought to disappear. A continuing asymmetry between offering and seeking support after formal commitments to a partner (in the absence of inequalities in needs) is a signal of unhealthy relational functioning. In particular, it is likely a sign of the person giving more support being characterized by what Helgeson and Fritz (1998) have called unmitigated communion (also labeled compulsive caregiving [Kunce & Shaver, 1994] or being overly nurturant [Horowitz, Rosenberg, & Bartholomew, 1993]), in which a person cares for the partner while neglecting the self. Unmitigated communion has been linked to poor health outcomes and psychological distress, including symptoms of depression (Helgeson & Fritz, 1998). Furthermore, the partner may not welcome unmitigated communion if it takes the form of giving undesired or unnecessary help or intrusive caregiving to a partner, whose own needs to accomplish tasks on his or her own and to provide nurture, feel generative, and reap the benefits of doing so may be thwarted.

As previously mentioned, high-quality close relationships ought to be characterized by both partners presenting themselves honestly and authentically to each other—by, for example, disclosing their hopes, needs, and desires and expressing their true emotions to one other—all of which can facilitate mutual responsiveness. A sense of being understood by one's partner can engender confidence and security that that partner is willing and able to respond supportively

to one's needs, desires, and goals. Indeed, people want their partners to understand them and to provide feedback that confirms their views of themselves (Reis & Shaver, 1988; Swann, 1987). In fact, measures of caregiving often assess understanding of one's partner's needs (Kunce & Shaver, 1994), and wives' supportive behaviors have been linked to more accurate perceptions of their husband's specific attributes and abilities (Neff & Karney, 2005). Partners also may want feedback that verifies their own views of themselves because those views can help them negotiate social interactions and anticipate future outcomes (Swann, 1987; Swann, Stein-Seroussi, & Giesler, 1992). To that end, spouses may depend on each other to disconfirm feedback that conflicts with their own self-views (De La Ronde & Swann, 1998; see also Swann & Predmore, 1985).

Of course, people desire to be positively regarded by their relationship partners (Leary & Baumeister, 2000) and to be understood by them. Although these needs may conflict with each other (Shrauger, 1975; Swann, Griffin, Predmore, & Gaines, 1987), most partners seem to positively regard their spouses when it comes to global attributes and to perceive them accurately when it comes to specific attributes (Neff & Karney, 2002, 2005), which may result in partners feeling both valued and understood.

The stage of relationship also plays an important role in desires for being positively regarded and for being understood, which may reinforce self-presentation processes in the context of relationship initiation and an authentic, honest presentation of the self in the context of a marital relationship. Marriage may bring about a transition from a desire for positive evaluations (which suggest that one's strategic efforts to win over a partner have been effective) to a desire for evaluations that verify one's own self-views (Swann, De La Ronde, & Hixon, 1994), which may not only facilitate receipt of appropriate support from partners but also lead partners to seek the sorts of support one is best able to provide and turn elsewhere for the sorts of support one is not well able to provide or that would interfere with the potential support giver's own needs. Consistent with the notion that marriage may, indeed, bring about a transition in the types of evaluations people desire from partners, research has shown that people who were dating reported greater intimacy when their potential partner viewed them positively,

regardless of whether the partner confirmed their views of themselves (Swann et al., 1994), which may reinforce self-presentation processes at the stage of relationship initiation. In contrast, married couples reported higher levels of intimacy in their relationship when their spouse's views of their attributes confirmed their own views of themselves, regardless of whether they were positive or negative (De La Ronde & Swann, 1998; Swann et al., 1994). Presenting the self in an authentic and honest manner will help serve the need to be understood by one's partner and, in turn, facilitate the noncontingent responsiveness that we have argued is so important to high-quality marital relationships. If people resist a more functional presentation of their authentic self to their spouse following marriage, they may jeopardize the very quality of their marriage.

*Self-protection.* Just as people strategically present themselves as desirable communal relationship partners at the relationship initiation stage, they also strive to protect themselves from the possibility that their potential partner may not reciprocate interest. The nature of communal relationships requires partners to depend on each other for mutual responsiveness (Clark & Mills, in press; Reis & Shaver, 1988), but risking dependency is not easy. As Murray, Holmes, and Collins (2006) have noted in their risk-regulation model, people must balance the desire to seek interpersonal connectedness with the need to protect themselves from rejection. Rejection, even mild rejection, hurts (MacDonald & Leary, 2005). Therefore, self-protection should occur as soon as people have become attracted to a potential partner and have begun to strategically present themselves to that partner.

Confidence in a partner's care and regard buffers against the threat of rejection and allows people to risk seeking relational dependence (Murray et al., 2006), but this raises a paradox for initiating close relationships. People may want to express interest in developing a close relationship with a potential partner and depending on him or her, but they may be reluctant to do so because they have not yet established evidence of that partner's care and regard. However, it may be difficult to assess care and regard without risking at least some rejection (Holmes, 1991). A motive to protect the self from such rejection may be an important reason why one of the strongest determinants of liking a potential partner in the first place is whether that

person likes you (Curtis & Miller, 1986; Kenny & Lavoie, 1982; Secord & Backman, 1964), why those who are anxious or insecure may be especially sensitive to a potential partner's liking (Sperling & Borgaro, 1995), why negative feedback that confirms one's self-views may be particularly threatening in the context of a budding relationship (Campbell, Lackenbauer, & Muise, 2006; Swann et al., 1994), and why in one study only 3% of participants reported that they would ask an attractive woman on a date if they had no information about how she might respond (Muehlenhard & Miller, 1988).

The research on people giving more support than they seek early in relationships—described above in connection with strategic self-presentation—also relates to self-protection. Murray, Holmes, and Collins's (2006) relationship risk-regulation model provides a broader perspective on our findings that people offer more support than they request, particularly during relationship initiation, when confidence in the partner's care and regard has not yet been established. Offering (but not requesting) support can promote a potential partner's interest in—and, if accepted—dependence on a communal relationship without risking increases in one's own dependence.

First, offering support promotes a communal relationship without opening oneself up to rejection. When people offer support they can choose offers that might indicate interest in their desired partner, but that also could be explained in other ways, allowing them some self-protection in case their offer is declined. For instance, people might offer the potential partner a ride to the train station—conveying a desire to be communally responsive—but say that they will be driving by anyway—providing another, self-protective, reason for the offer in case they are turned down. Second, offering support allows for the potential partner's acceptance (increasing his or her dependence) and for voluntary reciprocal offers, which will help a person assess that partner's responsiveness to his or her needs and interest in the relationship. If the potential partner voluntarily makes a reciprocal offer—especially an offer that interferes with his or her own self-interest (e.g., Holmes & Rempel, 1989; Murray & Holmes, 2008)—it will signal his or her responsiveness and interest and allow the recipient to risk more relational dependence.

Although asking for support from a potential partner—especially support that may interfere

with that partner's own self-interest—is a more direct and diagnostic way to evaluate that person's care, regard, and relationship interest (Holmes & Rempel, 1989; Murray & Holmes, 2008), we believe that people adopt a more cautious strategy of offering, then waiting for acceptance and/or reciprocation at the relationship initiation stage, which allows them to protect themselves from rejection or exploitation and to present themselves as a desirable, responsive relationship partner. When people do not seek support, they avoid revealing their own vulnerabilities, which could make them seem like an especially needy, selfish, or burdensome communal relationship partner. They also protect themselves from the possibility that their request might be ignored or rejected—or even worse, that their vulnerabilities might be exploited.

However, it is not just the relationship initiator's efforts to act communally toward a potential partner that require some self-protection. Other forms of self-protection also exist. For example, people may suppress aspects of their authentic self given the fear that their potential partner may dislike or even ridicule them. People may refrain from self-disclosing negative information, or they may hide their true emotions as those, too, may make them vulnerable.

Yet after gaining some evidence and trust that their partner does care, such self-protective strategies should not only decrease but also, ideally, disappear following marital commitment. Although protecting oneself from rejection may be healthy in the context of relationship initiation, it likely becomes harmful to high-quality marriages if it persists past commitment and interferes with being dependent on and authentic with the partner. To establish a communal relationship, people must convey their own needs to their partner and allow and seek that partner's noncontingent care. Attaining a mutual communal relationship requires partners to be voluntarily responsive to each other and to depend on each other for such responsiveness (Clark & Mills, in press; Reis & Shaver, 1988). Risk-regulation theorists suggest that people with low self-esteem avoid dependency on relationship partners, whereas those with high self-esteem risk dependency regularly and with beneficial effects, which suggests that it is good and healthy to do so (Murray et al., 2006; Murray & Holmes, 2008). In fact, trust in the partner's care may be the most critical component in maintaining satisfying, functional close relationships (see

Simpson, 2007). If spouses do not feel comfortable accepting support or expressing their needs, concerns, emotions, or vulnerabilities, they challenge the very nature of what it means to be involved in a close, communal relationship and potentially forgo many of the psychological and physical benefits of such a relationship. Putting together points raised in the previous two sections, we again suggest that asymmetries in offering and seeking support are normative and healthy during relationship initiation but become signs of a troubled marriage if they continue to manifest themselves past marital commitment (in the absence of true asymmetries in needs).

*Covert evaluation of whether to commit to the potential relationship.* Evaluation of whether to commit to a relationship with one's partner is a third process that may facilitate relationship initiation but harm committed marital relationships. Once people have become attracted to a potential partner, they must evaluate whether that person will be a good, communally responsive relationship partner for them in particular. Notably, evaluation of whether to commit to a relationship with the potential partner should be covert for at least two reasons. First, because such evaluation is a self-focused process, if overtly pursued, it may interfere with efforts to strategically present oneself as primarily concerned with the potential partner's needs. Second, evaluation of the potential relationship may convey an interest in the other, and individuals may wish to hide such interest to protect themselves from possible rejection.

To some extent, people can evaluate whether the potential partner will be a good, communally responsive relationship partner by simply observing his or her behavior. Does the person offer support noncontingently? Is the person willing to seek support, reveal vulnerabilities, and express emotions? Yet a partner's behavior also depends on people's own behavior. If people do not seek help or reveal vulnerabilities, desires, and needs, it will be difficult to gauge the potential partner's responsiveness and willingness to accept their weaknesses. The felt need to evaluate the potential relationship should increase as people become more serious about the relationship and must decide whether to make a marital commitment to the partner. After commitment, evaluation of whether to have committed to that particular partner should decrease dramatically, and indeed, processes such as holding

positive illusions about one's partner (Murray et al., 1996a, 1996b; Murray & Holmes, 1997), accommodating when faced with ups and downs in the relationship (Rusbult et al., 1991), forgiveness (Rusbult et al., 2005), and finding virtues in the partner's mundane faults (Murray & Holmes, 1993) should maintain and even increase relationship commitment.

Existing literature on mind-set theory and close relationships (Gagné & Lydon, 2001a, 2001b; Gagné, Lydon, & Bartz, 2003) may inform the process of evaluating whether to commit to a potential relationship partner. Mind-set theory proposes that evaluating which goals to pursue versus planning the execution of established goals results in different cognitive orientations, known as deliberative and implemental mind-sets, respectively (Gollwitzer, 1990; Gollwitzer & Bayer, 1999). Research applying mind-set theory to close relationships (Gagné et al., 2003; Gagné & Lydon, 2001a, 2001b) indicates that deliberative and implemental mind-sets lead to different ways of evaluating information about partners. When people are deliberating about their own competing relationship goals, they are motivated to accurately understand their relationship partner as they try to make the best possible choice. We suspect that this deliberative mind-set would be especially useful in evaluating whether a potential partner would be a responsive, caring, and compatible relationship partner in the long term. If people's initial evaluations of the potential partner indicate that the partner reciprocates their interest and cares about their welfare, then they can move toward implementing a committed relationship. In contrast, if initial evaluations of the potential partner indicate that the other would not be a responsive and caring relationship partner, then people can extricate themselves before commitment. Clearly perceiving one's potential partner and covertly deliberating about whether to continue the relationship may be functional during the relationship initiation stage (Gagné et al., 2003; Gagné & Lydon, 2001a, 2001b), lest one overlook that person's negative qualities and commit to a relationship with someone whose negative qualities ultimately undermine relationship satisfaction (Clements, Stanley, & Markman, 2004; Markman, 1979, 1981).

In contrast, once people have decided to pursue a particular relationship goal—for instance, to commit to marriage with their partner—and are committed to determining how, when, and

where to implement that goal, they are motivated to enhance that partner to facilitate goal pursuit. This implemental mind-set elicits more positive illusions about the partner (Gagné & Lydon, 2001a, 2001b), which help promote a partner's positive growth in close, established relationships (Murray et al., 1996a, 1996b; Murray, Holmes, & Griffin, 2003).

Although covertly and continuously evaluating whether to commit to a relationship (or continue in a relationship) with one's partner ought to be healthy and normative in the context of relationship initiation, it likely becomes detrimental to high-quality marriages if it continues past commitment.<sup>3</sup> We and others (e.g., Swann et al., 1994) have suggested that the relationship initiation stage involves a sense of mutual evaluation coupled with a sense of fairly low commitment, as potential partners assess whether the other person will be a good, communally responsive relationship partner for them per se. High-quality established marital relationships should be inherently less evaluative, however. Spouses already have decided to commit to each other and are better off dropping an evaluative focus and putting their efforts into following communal norms, pursuing mutual and enjoyable goals, and attending to their partner's needs and giving support and to their own needs and seeking support. It would be difficult to move forward in a marriage if partners continued to evaluate whether they really should have committed to the relationship in the first place.

In fact, Gagné and Lydon's (2001b, Study 2) findings point to how threatening continued evaluation of whether to have pursued a close relationship may be in the context of a committed relationship. As expected, individuals high in relationship commitment and those low in relationship commitment increased positive illusions about their partner when an implemental mind-set was induced. When a deliberative mind-set was induced, however, strongly committed—but not weakly committed—individuals buffered against the threat of evaluating their relationship with their partner by

<sup>3</sup>We hasten to add that this does not apply if one's partner is abusive, severely neglectful, and/or lacks communal motivation. Such strong signs that the relationship is bad should retrigger evaluation. We return to this point later. Rather, constant day-to-day evaluation of normal ups and downs in the relationship should be harmful to marital quality.



increasing positive illusions about that partner. Commitment appeared to foster certainty about people's decision to maintain a close relationship with their partner; this sense of certainty, in turn, should properly encourage responsiveness toward the partner and willingness to depend on the partner, thereby enhancing marital quality.

Thus, efforts to evaluate a potential partner (typically in a covert way) seem healthy and functional during relationship initiation. Indeed, it would be troubling if people did not engage in such a process. Yet the ability to let go of evaluative processes and to hold positive illusions about one's partner seem healthy in committed relationships. Debating about one's partner's strengths and weaknesses—as well as about whether it was wise to have committed to a relationship with that partner—may be another sign of relationship distress in an ongoing relationship.

#### *A Note About Relationship Deterioration*

Thus far, we have emphasized what our research and theorizing about communal relationships suggests about high-quality marriages and have argued that what characterizes normative and healthy romantic relationship initiation may be distinct in many ways. Most of the differences in what is healthy in the two stages may be captured by saying that it is fine and even good to be self-focused during relationship initiation (and to be concerned with self-presentation, partner evaluation, and self-protection) as long as one knows how to self-present to win over a communal partner and how to conceal one's evaluative and self-protective efforts. However, it is not fine to be biased toward benefiting the self in ongoing marriages. High-quality marriages do not require one to let go of self-interest but to balance it with equivalent interest in and concern about one's spouse. One's focus of attention ought to be flexible, moving to the self and how the partner can support the self in times of concern about one's own welfare, the partner and how the self can support the partner in times of concern about the partner's welfare, and on mutual activities when doing so benefits the self, partner, and relationship (Clark et al., 2008).

But what about when things go seriously wrong in a marriage? For instance, what if a partner is physically abusive, thereby not only failing to be responsive but actually being harmful? It is fair to say that, although the marriage may

remain intact, its communal nature has largely disappeared, and returning to two of the interpersonal processes we identified as important during relationship initiation—partner evaluation and self-protection—becomes functional and healthy for the self and perhaps for the relationship. That is, once a partner has reached the point of abuse or severe neglect, it makes good sense for the spouse to return to evaluation and to seek remedies or decide to exit the relationship. The relationship is now a poor-quality one, but we would judge it to be a relatively better quality relationship if people return to evaluating it and to protecting the self while avoiding harming the partner and strategically trying to improve the relationship.<sup>4</sup> So, again, relationship stage makes a difference as to which interpersonal processes mark a better and which mark a worse marriage.

#### CONCLUDING COMMENTS

We have proposed that the best way to identify high-quality marriages is by intra- and interpersonal processes that promote (or detract from) individual and relationship health. Extant theoretically driven programs of empirical research on close relationships provide a good place to start. To illustrate, we have used our own program of research on communal relationships to highlight supportive (e.g., noncontingent responsiveness, expressing emotion) and nonsupportive (e.g., contingent responsiveness, record keeping) processes that might be used to help gauge marital health. We also have emphasized that the stage of a relationship likely makes an important difference when gauging relational health. During relationship initiation, a person's goals and tasks are distinct in many ways from a person's goals and tasks after commitment to marriage. Precisely because goals and tasks vary by relationship stage, so, too, do behaviors that are optimal (and suboptimal) for a high-quality relationship. Certain behaviors and patterns of behaviors arising from strategic self-presentation, self-protection, and the need

<sup>4</sup>Although we suggest that a return to evaluation and self-protection makes sense when a marriage has deteriorated, we would not suggest that a return to strategic presentation of the self to the partner makes sense. Continued authentic self-presentation is likely best at this stage because it should aid in relationship evaluation and in decision making regarding whether to stay in or leave the marriage.

to evaluate the potential relationship—such as offering more help than one seeks (even when needs are equal)—are healthy and fine during relationship initiation but become signs of an unhealthy relationship once a commitment has been made. This assertion suggests not only that sets of healthy and unhealthy relationship processes may vary according to relationship stage but also that examining the trajectory of relationship processes across time is a useful strategy for assessing whether members of marital couples have made a good and healthy transition to marriage.

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