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Relationship Commitment and Perceptions of Harm to Self

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Abstract

Commitment to a relationship is associated with a number of consequences, including willingness to sacrifice for the relationship, greater cognitive interdependence between partners, and increased trust in one's partner. Consistent with such consequences, we hypothesized that greater commitment is associated with decreased perceptions of one's partner as a source of harm to the self. We conducted two studies (one correlational, one experimental) to test hypotheses regarding the association between commitment level and personal harm perceptions, based on tenets from interdependence theory and balance theory. Study 1 revealed significant negative associations between commitment and personal harm perceptions. Results from Study 2 suggest that greater commitment leads to decreased perceptions of partner-based risk and increased risky behavioral tendencies.

Relationship Commitment and Perceptions of Harm to Self

A plethora of social psychological research suggests that individuals seem to ignore self-interest and willingly put themselves at physical risk within the context of a close, committed relationship (e.g., Appleby, Miller, & Rothspan, 1999; Buunk & Bakker, 1997; Pilkington & Richardson, 1988). These studies indicate that people allow aspects of their relational environment to affect their perceptions and behavioral decision-making. The current research focuses on one critical relational element, commitment, and its role in shaping perceptions. Strong commitment to a relationship has not only been shown repeatedly to predict relationship continuation versus dissolution (e.g., Bui, Peplau, & Hill, 1996; Drigotas & Rusbult, 1992; Le & Agnew, 2003; Le, Smoak, Agnew, Rusbult, 1983; Rusbult, Martz, & Agnew, 1998), but has also been shown to be associated with a variety of relationship maintenance tendencies, including: (a) willingness to sacrifice, or tendencies to forego desired behavioral options for the good of a relationship (Van Lange, Agnew, Harinck, & Steemers, 1997; Van Lange, Rusbult, Drigotas, Arriaga, Witcher, & Cox, 1997) (b) increased cognitive interdependence, or the tendency to blur cognitive distinctions between self and partner (Agnew, Van Lange, Rusbult, & Langston, 1998), and (c) increased trust in one's partner (Wieselquist, Rusbult, Foster, & Agnew, 1999), or tendencies to assume that a partner will be responsive to one's needs. In short, committed individuals frequently are willing to exert effort or endure cost toward the goal of maintaining their relationships. We posit that such consequences of relationship commitment may leave an individual susceptible to potential personal risks.

More specifically, the known consequences of relationship commitment suggest that commitment should be associated with decreased self-protective perceptions and behavior. In the current research, we outline and test a new consequence of relationship commitment

suggested by past research findings but not directly tested previously: *decreased perceptions of a partner as a source of harm to the self*. We hypothesize that higher levels of commitment should be associated with the belief that one's partner will not be a source of harm to oneself. As reviewed below, interdependence theory (Kelley, Holmes, Kerr, Reis, Rusbult, & Van Lange, 2003; Kelley & Thibaut, 1978; Rusbult, Arriaga, & Agnew, 2001) suggests that, as a result of a transformation of motivation, relationship commitment leads to pro-relationship cognitive restructuring (Agnew et al., 1998), including greater trust in one's partner (Wieselquist et al., 2000), and greater willingness to sacrifice (Van Lange et al., 1997), precisely the mindset that would be expected to fuel reduced partner risk perceptions.

Perceptions of a Partner as a Source of Harm to the Self

There is a considerable body of research on the ways in which close relationship partners perceive one another, including biases that tend to characterize close interpersonal perceptions. For example, Murray and Holmes (1993) have shown how intimate partners can mentally transform negative partner traits (or "faults") into positive ones (or "virtues"). Moreover, work on interpersonal forgiveness has increased our understanding of within-dyad perceptions that characterize successful acts of reconciliation (e.g., McCullough, Worthington, & Rachal, 1997). Our focus differs from past work in that we are not focusing on perceptions of a partner's traits or actions, per se, or on how intimate partners tend to see things that are "bad" in their partner as "good." Rather, our focus is on intimates perceiving partner-based characteristics or behaviors with negative implications for the self as being less negative for the self.

Theories of general risk perception are largely mute with respect to interpersonal dimensions. Most models of risk perception have focused on the evaluation of risks with respect to physical health (e.g., Rosenstock, 1974; Weinstein, 1988). However, recent years have

witnessed research that includes a consideration of motivational factors in risk perception. For example, Blanton and Gerrard (1997) found that male college students provided significantly lower estimates of the likelihood of contracting an STD and HIV when a target partner was higher in physical attractiveness, despite the fact that attractiveness is nondiagnostic of objective disease risk. Similarly, we believe that other sources of motivation, such as one's feelings of commitment toward a relational partner, may act to lower one's assessment of risks with respect to a partner (cf. Pilkington & Richardson, 1988).

Relationship Commitment

Because of our interest in understanding how relationship dynamics influence risky perceptions and behavior, we focus on commitment, a factor that has been shown repeatedly to influence important relational behaviors, including relationship continuation versus dissolution (Le & Agnew, 2003; Le, Dove, Agnew, Korn, & Mutso, 2010). The term *commitment* is often used to describe the likelihood that an involvement will persist (Arriaga & Agnew, 2001). Commitment is a term that lay people intuitively understand (Fehr, 1999), but both lay and professional scientists agree it is a multifaceted and complex concept. One particular model of commitment that has fueled a great deal of research within social psychology and allied fields is the Investment Model of Commitment Processes, originally proposed by Rusbult (1980). The accumulated empirical support for the Investment Model fuels our belief that this model can increase not only our understanding of the factors underlying decisions to stay with (or leave) a given partner as well as other consequential behaviors (e.g., accommodation; Rusbult, Verette, Whitney, Slovik, & Lipkus, 1991), but also factors underlying perceptions of harm with respect to a current partner.

Theoretically grounded within interdependence theory, Rusbult (1980) proposed the Investment Model to examine the processes by which people remain within interpersonal relationships. The construct of commitment is characterized by an intention to remain in a relationship, a psychological attachment to a partner, and a long-term orientation toward the partnership (Arriaga & Agnew, 2001; Rusbult & Buunk, 1993). According to the model, commitment is determined by (a) the amount of satisfaction that one derives from a relationship and (b) the evaluation of possible alternatives to that relationship (more specifically, the next best available alternative, or CL-alt in interdependence terminology; Thibaut & Kelly, 1959). Both of these concepts are derived directly from interdependence theory. In addition, Rusbult introduced the concept of investments, holding that investments further fuel commitment.

The utility and robustness of the Investment Model has been demonstrated in dozens of empirical studies over the past three decades. For instance, commitment has been shown to predict relationship continuance and termination over time, derogation of potential alternative partners, and inclinations to sacrifice for a relationship partner (see Rusbult, Agnew, & Arriaga, in press, or Rusbult, Martz, and Agnew, 1998, for a review). Furthermore, the model has been employed in a range of studies including participants of diverse ethnicities (Davis & Strube, 1993; Lin & Rusbult, 1995), diverse sexual orientations (Duffy & Rusbult, 1986; Kurdek, 1991, 1995), abusive relationships (Arriaga, 2002; Choice & Lamke, 1999; Rusbult & Martz, 1995), and friendships (Lin & Rusbult, 1995; Rusbult, 1980).

A meta-analysis of the Investment Model also provides solid support for the model (Le & Agnew, 2003). Across 52 studies, including 60 independent samples, satisfaction with, alternatives to, and investments in a relationship each correlated significantly with commitment to that relationship. Moreover, these three variables collectively accounted for approximately

two-thirds of the variance in commitment. Commitment, in turn, was found to be a significant predictor of relationship breakup, accounting for over half of the variance in this key relational outcome variable. Additional moderator analyses suggested that the associations between commitment and its theorized determinants and outcomes vary minimally as a function of demographic (e.g., ethnicity) or relational (e.g., duration) factors (see Le & Agnew, 2003).

Consequences of Relationship Commitment

Strong commitment to a relationship has not only been shown repeatedly to predict relationship continuation versus dissolution (e.g., Le & Agnew, 2003; Le et al., in press), but has also been shown to be associated with a variety of relationship maintenance tendencies, including: (a) willingness to sacrifice, or tendencies to forego desired behavioral options for the good of a relationship, (b) increased cognitive interdependence, or the tendency to blur cognitive distinctions between self and partner, and (c) increased trust in one's partner, or tendencies to assume that a partner will be responsive to one's needs. Each of these consequences of commitment are reviewed below in order to support our contention that committed individuals frequently are willing to exert effort or endure cost toward the goal of maintaining their relationships.

Willingness to sacrifice. In every relationship, choices have to be made about mundane, everyday activities (such as what movie to see) but also about more consequential, far-reaching decisions (such as where to live). While it is true that sometimes partners will agree about the choice to be made, at other times, partners' wishes will not correspond. Previous research demonstrates that as commitment increases, so does one's willingness to sacrifice one's own self interest for the good of the relationship (Van Lange et al., 1997), especially when the cost of the sacrifice is high (Powell & Van Vugt, 2003) and when one is an individualist (Van Lange et al.,

1997). Willingness to sacrifice may involve foregoing a positive outcome, enacting an otherwise negative outcome, or both. The tendency for committed partners to make personal sacrifices for the sake of their relationship may also impact the attributions that are made regarding a partner's propensity to harm oneself. Recent research suggests that people involved in more committed relationships are more likely to perceive partner transgressions (e.g., staying out late at night without telling one's partner) as more benign than do less committed people (Menziez-Toman & Lydon, 2005).

Cognitive interdependence. As relationship partners become more committed to one another, there is also a restructuring of self-representation that occurs (Agnew, 2000; Agnew & Etcheverry, 2006). At the beginning of a relationship, when commitment is low, most partners represent the self cognitively in a largely individualistic way, but as commitment to the relationship increases, partners begin to represent the self in a more pluralistic manner. For example, a person who is less committed is more likely to think of the relationship in "I, me, and mine" terms (e.g., "I enjoy being with her"), but a person who is more committed is more likely to think of the relationship in "we, us, and our" terms (e.g., "We enjoy being together"; Agnew et al., 1998). Moreover, research has demonstrated that romantically committed individuals tend to regard their relationships as relatively central to who they are and what their lives are about (Agnew, et al., 1998). Furthermore, when individuals are unwillingly abandoned by their relationship partners (i.e., "dumped"), cognitive interdependence may remain high, resulting in a significant experience of loss (Agnew, 2000).

Trust. Within a romantic partnership, commitment and trust have also been found to significantly relate to one another. Trust has been defined as the expectation that a partner will seek to fulfill one's needs and engage in relationship-benefiting activities (Holmes & Rempel,

1989). Partners become trusted to the extent that they exhibit reliability and honesty in their behavior. In addition, if a partner consistently places relationship-betterment ahead of self-betterment, the partner becomes trusted over time. As trust increases, partners become more dependent upon one another. This increased dependency upon the relationship partner tends to yield higher levels of satisfaction, a greater willingness to forego alternatives to the relationship, and an increased amount of investment within the relationship (Wieselquist et al., 1999). In other words, increased trust yields greater relationship commitment. In turn, increased relationship commitment lends itself to higher levels of trust within a relationship. Prior research has noted that relationship commitment and trust follow a pattern of “mutual cyclical growth” (see Rusbult, Arriaga, & Agnew, 2001). As Partner A exhibits trustworthy behaviors, Partner B’s relationship commitment is enhanced, thereby leading Partner B to also exhibit trustworthy behaviors, which, in turn, increases Partner A’s relationship commitment. Over time, both partners become more trustworthy and more committed to one another (Wieselquist et al., 1999).

Commitment, Transformation of Motivation, and Harm Perceptions

Why does commitment to a relationship partner yield a less self-interested, broader outlook, one that is characterized by a greater willingness to sacrifice for one’s partner, greater self-partner cognitive fusion, and greater level of within-dyad trust? According to interdependence theory, relationship partners become less self-interested and act on the basis of broader considerations as they experience a transformation of motivation as a result of relationship involvement (Kelley & Thibaut, 1978; Rusbult et al., 2001). Transformation of motivation describes departures from given situational preferences, or movement away from desire to maximize one's own immediate self-interest (referred to in interdependence

terminology as “MaxOwn”). Often the transformation process yields pro-relationship motivational shifts - for example, Partner A may wish to maximize a partner's outcomes (“MaxOther”), or may wish to maximize own and Partner B's joint outcomes (“MaxJoint”). Interdependence theory assumes that the character of the transformation process typically is shaped by the internal processes accompanying an interpersonal event - for example, by the cognitive and affective concomitants of commitment (cf. Kelley, 1984; Rusbult et al., 2001), which are largely positive. As commitment to a partner increases, the transformation of motivation toward partner- or relationship-oriented outcomes may become automatic, such that more self-interested motives are only minimally considered as relationship-relevant decisions are made (Yovetich & Rusbult, 1994). All consequences of transformation of motivation may not be positive, however. Fewer self-protective mechanisms may result as motivation becomes less self-interested and more relationship-driven.

We posit that the above consequences of relationship commitment may leave an individual susceptible to potential risks. We hypothesize that higher levels of commitment will be associated with the belief that one's partner is relatively less likely to be a source of harm to oneself. When considering decreased perceptions of harm from a partner as a consequence of relationship commitment, the willingness to sacrifice-commitment linkage is clearly pertinent. Committed individuals may be more willing to risk personal well-being for the sake of the continuation and/or maintenance of their relationship. Cognitive interdependence, a hallmark of highly committed romantic involvement, may also serve to reduce perceptions of partner harm, with individuals more likely to apply their own positively-skewed self biases to their partners (Baumeister, 1998). The commitment-trust linkage is also relevant. Past research has demonstrated that as trust increases, an individual's belief in the potential for harm from one's

partner tends to decrease (e.g., Appleby et al., 1999; Kline, Kline & Oken, 1992; Misovich, Fisher & Fisher, 1997; Pilkington & Richardson, 1988).

In the current research, we sought to determine whether or not a basic association between relationship commitment and harm perceptions existed. Following from interdependence theory and the extant literature reviewed above, it was hypothesized that individuals involved in relationships with partners for whom they feel higher commitment would be less likely to perceive their partners as a source of harm across various domains than would those in less committed relationships. This general hypothesis was tested in Study 1.

STUDY 1

Method

Participants

One hundred seventeen heterosexual Purdue University undergraduates who were involved currently in a romantic relationship participated in partial fulfillment of a course requirement. The mean age of the sample (58 males, 59 females) was 19.5 years ($SD = 1.62$). Self-reported racial identities reflected the general population of the student body (87% Caucasian, 7% Asian, 4% African American, and 2% Hispanic).

Measures

Perceptions of harm. The authors created a list of items to tap specific kinds of harm that one might experience from a partner in a close relationship. The response scale for all items ranged from 0 (“do not agree at all”) to 8 (“agree completely”). Following initial item analyses, we conducted a maximum likelihood factor analysis to extract factors underlying 9 harm items, followed by a promax (oblique) rotation which (a) allows for possible factor inter-correlations and (b) clarifies item factor loadings, allowing for simpler interpretation of the underlying factor

structure. An examination of the scree plot and associated eigenvalues suggested the presence of 3 factors: 3 items were found to load on a first factor (72.81% of the variance), 3 items were found to load on a second factor (18.21% variance), and 3 factors were found to load on a third factor (8.97% variance). A review of the items (both wording and clustering) led to Factor 1 being labeled *Harm to Material Possessions*, Factor 2 being labeled *Harm to Public Image*, and Factor 3 being labeled *Harm to Mental Health*.

Based on these analyses, three composite measures were created: (1) *Harm to Material Possessions* (“My partner doesn’t always tell me when he or she breaks something I own;” “My partner is always careful not to damage my stuff” [reverse-coded]; “When I let my partner borrow something of mine, he or she doesn’t care if it is returned in good condition;” alpha = .74; $M = .81$; $SD = 1.27$), (2) *Harm to Public Image* (“My partner points out my weak points in front of our friends;” “My partner often mentions my faults when talking about me to others;” “In a social situation, my partner makes fun of me too frequently;” alpha = .84; $M = 1.26$; $SD = 1.53$) and (3) *Harm to Mental Health* (“My partner can be a source of stress in my life;” “Too often I feel depressed because of something my partner has done or said;” “Rarely do I feel depressed as a result of something that my partner says or does” [reverse-coded]; alpha = .80; $M = 2.68$; $SD = 1.95$). Given the reasonably high intercorrelations between the 3 factor scores (ranging from .43 to .59) and because the mean level of each of these types of harm was relatively low, we also created and tested an overall composite harm measure consisting of all 9 items (alpha = .86; $M = 1.58$; $SD = 1.29$).

Relationship Commitment. Participants answered the seven-item Commitment Level subscale from the Investment Model Scale (Rusbult et al., 1998) regarding their current romantic relationship (sample item: “I am committed to maintaining my relationship with my partner”;

note that none of the items in this measure pertain to perceptions of harm to the self from one's partner). Participants indicated their level of agreement with each statement by using a 0 to 8 scale (0 = "Do not agree at all" and 8 = "Agree completely"). The scale demonstrated good internal consistency ($\alpha = .89$) and the overall sample was moderately committed ($M = 6.55$, $SD = 1.51$).

Demographics. Participants' sex, age, race, sexual orientation, and year in school were also assessed. In addition, participants were asked questions about their current romantic relationship, including the status of the relationship (e.g., dating casually, dating steadily, engaged, married) and its exclusivity (e.g., "neither I nor my partner date others", "I date others but my partner does not", "my partner dates others but I do not", and "both my partner and I date others"). Participants were also asked how long they had known their partner, how long they had been romantically involved with their partner and whether their relationship was a long distance relationship (and if yes, how much geographic distance separated them). Each of these variables was tested as a possible moderator of the association between relationship commitment level and perceptions of harm.

Procedure

Participants were recruited for a study on "perceptions of relationships" with no restrictions placed on participation (data from those not currently involved in an exclusive romantic relationship were not analyzed). Participants completed the study in groups of 4 to 20 participants in a classroom. Upon arrival, all participants were greeted by an experimenter. Questionnaires were then distributed to each participant. Participants were told to focus on their most significant current relationship partner if they were currently dating more than one person.

Upon completion of all questionnaires, participants were debriefed and thanked for their assistance.

Results

Commitment and Perceptions of Harm

We hypothesized that commitment to a romantic relationship would be inversely associated with perceiving one's partner as a source of harm to oneself. Commitment level was significantly inversely associated with all three domains of harm as well as with the composite measure of harm: -.31 with harm to material possessions, -.24 with harm to public image, -.37 with harm to mental health, and -.38 with the composite of all harm items (all correlation coefficients significant at $p < .01$).

The various demographic variables that were assessed were each tested as possible moderators of the commitment-harm perception associations via moderated regression analyses. Results from these analyses indicated that none of these variables exhibited reliable moderating effects.

Discussion

The general hypothesis examined in Study 1 was strongly supported. As predicted, commitment to a romantic relationship was inversely associated with perceiving one's partner as a source of harm to oneself, overall and in specific domains (harm to material possession, harm to public image, and harm to mental health). Moreover, no moderators of these associations were found.

Although we found these initial results to be promising and consistent with our theoretical framework, they are correlational in nature and are not conclusive evidence of a causal link between relationship commitment and reduced perceptions of harm. In considering

experimental approaches for testing the hypothesized causal connection between relationship commitment and perceptions of harm, we turned to balance theory modeling of the relationship between types of mental representations (or “elements”; Heider, 1958). Balance theory provides a useful and complementary heuristic framework for understanding how increasing levels of *interpersonal* commitment can *intrapersonally* influence an individual’s relative risk perceptions and related behaviors. It may also be viewed as providing a more fine-grained explanation of the transformation of motivation process.

Consider the juxtaposition of elements shown in Figure 1 from the perspective of Partner A. The situation depicted involves the realm of sexual perception and behavior. Partner A is positively linked to Partner B; such a linkage would be consistent with definitions of commitment that feature prominently the notion of a strong psychological attachment between partners (e.g., Arriaga & Agnew, 2001; see Link 1, which in Heider’s terminology is a “sentiment relation” between elements). In addition, Partner A is negatively linked to sexually transmitted diseases (STDs); that is, A believes that he or she does not personally have any STDs (see Link 2, which in Heider’s terminology is a “unit relation”). As indicated by the question mark in Figure 1, there is an unknown relation between elements. The link that must be “solved” by Partner A is Partner B’s relation to STDs (Link 3). In an ideal world, Partner A would have objective information to evaluate B’s relation to STDs. In the real world, however, Partner B’s disease status is likely unknown to Partner A (and may be unknown to Partner B as well). Accordingly, Partner A can only operate from perception, situated within these subjectively known relational and self elements. From a cognitive consistency perspective and consistent with the interdependence-derived transformation of motivation process, Partner A is likely to assume that Partner B does not have an STD, and is therefore not a disease transmission risk. This

assumption is likely fueled by the need to believe that one's beloved partner could not possibly be positively linked to a negative element (i.e., disease). Thus, Partner A's strong feelings of commitment toward Partner B would lead him or her to "solve" Link 3 between Partner B and STDs as negative.

For Study 2, we designed and conducted a simple experiment based on the situation described graphically in Figure 1. We provided study participants with one known link (own disease status), experimentally manipulated one link (relationship status), and asked them to solve several unknown links (e.g., partner disease status). We see the situation depicted in Figure 1 as normative and important, given that decreased perceptions of harm from one's partner in the sexual realm could yield particularly negative outcomes in the real world. Past research suggests that individuals fear that suggesting the potential for STD risk within their relationship could pose a threat to the relationship itself because the partners may begin to see one another as untrustworthy (e.g., Bowen & Michal-Johnson, 1989; Wingood, Hunter-Gamble & DiClemente, 1993). In fact, research has consistently shown that condom use is less likely within ongoing relationships than within casual partnerships (e.g., Anderson, 2003; also see Misovich et al., 1997). Rather than being more careful in sexual relations with a more well-known partner (motivated, one might reason, by increased affection for that partner and/or fear for the partner's safety), the available evidence makes it clear that the opposite is the case: one's defenses seem to drop. However, the theoretical underpinnings regarding why this is so remain unarticulated and largely unexplored.

We hypothesized that a committed individual would negate the link between their partner and a negative entity (such as an STD) because to do so would maintain cognitive consistency and be consistent with the transformation of motivation that characterizes committed relational

partners. The negation of the link between a partner and STDs should also have an effect on behavioral tendencies.

Hypotheses

Given the above rationale, the following hypotheses were tested in Study 2:

Hypothesis 1: Sexually transmitted disease in a partner will be perceived as *less* likely when one is in a committed relationship with the partner than when one is in a casual relationship with the partner.

Hypothesis 2: Sexual intercourse with a partner will be perceived as *more* likely when one is in a committed relationship with the partner than when one is in a casual relationship with the partner.

Hypothesis 3: Condom use with a partner will be perceived as *less* likely when one is in a committed relationship with the partner than when one is in a casual relationship with the partner.

STUDY 2

Method

Participants

Participants were 121 heterosexual Purdue University undergraduates (69 males, 52 females) who participated in partial fulfillment of a course requirement. The mean age of the sample was 19.6 years ($SD = 1.45$). Self-reported racial identities reflected the general population of the student body (83% Caucasian, 8% Asian, 4% African American, 4% Hispanic, and 1% Other). Seventy-one percent of the sample had experienced sexual intercourse, and, of those, ninety-five percent had ever used a condom.

Note that when participants' own sexual intercourse experience was included as a control variable in analyses the results did not differ substantively from those presented here. However, participants' own condom use was found to be significantly associated with perceptions of the likelihood that Pat and the partner would use condoms ($b = .196, t(120) = 2.620, p = .010$). That is, those participants who had used condoms themselves tended to perceive that others do, too. Accordingly, we controlled for participant condom use in our analyses.

Experimental Vignettes

Participants were asked to read a short (2 sentence) vignette about a hypothetical person named Pat and his/her hypothetical heterosexual relationship partner. Pat's gender always matched the participant's gender: Female participants read about Pat's relationship with John; male participants read about Pat's relationship with Mary. Participants were asked to take Pat's perspective when responding to questions about Pat and Mary's/John's relationship. In the vignettes, Pat was described as being disease-free ("Pat believes that s/he personally has *no* sexually transmitted disease"). Pat and the partner's relationship status was manipulated, as described below. Although we did not expect to find gender differences, we also took into account participant gender, resulting in a 2 (relationship status: casual or committed) x 2 (participant's gender: female or male) experimental design.

Manipulating Relationship Status. Within the vignette, the nature of Pat's relationship with the partner (Mary or John) was manipulated. Participants read that the relationship between Pat and the partner was "casual (i.e., Pat and the partner do *not* envision the relationship in the future, feel *no* psychological attachment to the relationship, and do *not* intend to remain in the relationship)" or "committed (i.e., Pat and the partner envision the relationship in the future, feel

a psychological attachment to the relationship, and intend to remain in the relationship in the future).”

Measures

Manipulation Checks. Participants answered two items that served as manipulation checks. These items asked participants about Pat’s relationship status (“committed” or “casual”) and Pat’s own disease status (“yes” or “no”) in the presented vignette. Examinations of these items indicated that study participants perceived the scenarios as anticipated. Chi-square analyses of the relationship status manipulation check question by experimental condition revealed significant effects [$X^2(121) = 185.0, p < .001$, with 98.2% of those presented with the committed relationship scenario reporting that Pat’s relationship was a committed one and 89.5% of those presented with the casual relationship reporting that Pat’s relationship was casual]. Moreover, ninety-three percent of participants reported that Pat was disease-free.

Dependent Variables. After reading the vignette, participants responded to items about Pat’s likely perceptions and behavior using a 0 to 100% scale (0% = not at all likely and 100% = entirely likely).

Partner Disease Likelihood. Two items assessed the likelihood that Pat believed his/her partner has a sexually transmitted disease (“What is the likelihood that Pat believes that Mary(John) has some type of sexually transmitted disease?” “What is the likelihood that Pat believes that Mary(John) is HIV positive?” $r = .79, p < .001$).

Intercourse Likelihood. Two items assessed the likelihood that sexual intercourse would occur between Pat and the partner (“What is the likelihood that Pat would ever have sexual intercourse with Mary(John)?” “What is the likelihood that Pat would have sexual intercourse with Mary(John) on a regular basis?” $r = .82, p < .001$).

Condom Use Likelihood. Two items assessed the likelihood that Pat and the partner would use a condom during sexual relations (“What is the likelihood that Pat would ever use a condom when s/he has sexual intercourse with Mary(John)?;” “What is the likelihood that Pat would use a condom every time that s/he has sexual intercourse with Mary(John)?” $r = .68, p < .001$).

Given the high correlations within each set of items (r 's ranging from .68 to .82, p 's < .001), a composite score was computed for each and the resultant composite variables were used in analyses.

Demographics. Participants' sex, age, race, sexual orientation, and year in school were also assessed. In addition, participants were asked whether they had ever had sexual intercourse. If participants had ever experienced intercourse, they were also asked whether they had ever used a condom and, considering all past instances of intercourse, what percentage of time they had used a condom.

Procedure

Participants were recruited for a study on “perceptions of relationships” with no restrictions placed on participation. Participants completed the study in groups of 4 to 30 participants in a classroom. Upon arrival, all participants were greeted by an experimenter. A paper questionnaire was distributed to each participant, containing one of the two vignettes (randomly determined, but appropriate for the participant's gender) followed by questions. Upon completion of the questionnaire, participants were debriefed and thanked for their assistance.

Results

Test of Hypothesis 1: Relationship Status, Participant Gender, and Partner Disease Likelihood

Hypothesis 1 focused upon the impact of the relationship between Pat and the partner on perceptions of the partner's sexually transmitted disease likelihood. To examine this hypothesis, a 2 (relationship status: casual or committed) X 2 (participant gender: female or male) ANOVA was conducted, with partner disease likelihood as the dependent variable. This analysis revealed a significant relationship status main effect [$F(1, 117) = 6.18, p = .014, d = .46$; see Table 1 for obtained means], such that disease likelihood was perceived to be lower when Pat and the partner were in a committed relationship. There were no main or interaction effects involving participant gender.

Test of Hypothesis 2: Relationship Status, Participant Gender, and Intercourse Likelihood

Hypothesis 2 focused upon the impact of the relationship between Pat and the partner on the likelihood that intercourse would occur. To examine this hypothesis, a 2 (relationship status: casual or committed) X 2 (participant gender: female or male) ANOVA was conducted, with intercourse likelihood serving as the dependent variable. This analysis revealed a main effect for relationship status, with intercourse deemed more likely to occur when Pat and the partner were in a committed relationship [$F(1, 117) = 95.06, p < .001, d = 1.80$; see Table 1 for obtained means]. However, this main effect was qualified by a significant interaction with participant gender. An examination of condition means indicated that although female and male participants did not differ in their intercourse likelihood assessments for committed relationships, they did differ significantly in their assessments for casual relationships: Male participants rated intercourse as significantly more likely ($M = 60.9$) in the casual relationship vignette than did female participants ($M = 30.8$). However, both of these mean values were significantly less than the means obtained for committed relationships (see Table 1).

Test of Hypothesis 3: Relationship Status, Participant Gender, and Condom Use Likelihood

Hypothesis 3 focused upon the impact of the relationship between Pat and the partner on perceptions of condom use likelihood. A 2 (relationship status: casual or committed) x 2 (participant gender: female or male) ANOVA was conducted, with condom use likelihood as the dependent variable. As predicted, there was a significant relationship status main effect [$F(1, 117) = 4.55, p = .035, d = .40$], with condom use perceived as less likely in committed than in casual relationships (see Table 1 for obtained means). There were no main or interaction effects involving participant gender.

Discussion

Participants who were asked to take the perspective of a same-sex individual involved in a committed relationship were more likely to (a) view a partner as disease-free, (b) act in accordance with that perception by reporting a significantly greater likelihood of intercourse with the partner, and (c) not use a condom during intercourse. All of these results were obtained controlling for participants' own condom use. Greater feelings of commitment in this instance led to maladaptive perceptions and risky actions. Although greater relationship commitment in general might be seen as positive for a relationship, its consequences here were far from positive. This particular domain, a sexual situation with realistic unknowns, is one in which more benign appraisals of one's partner might lead to particularly tragic results.

General Discussion

Commitment to a relationship has been found to be associated with a number of consequences, including willingness to sacrifice for the relationship, greater cognitive interdependence between partners, and increased trust in one's partner. The current research sought to expand the known consequences of commitment, guided by the general hypothesis that greater commitment to a relationship would be associated with decreased perceptions of one's

partner as a source of harm to the self. The current studies provide initial evidence in support of this hypothesis: Study 1 revealed significant negative associations between commitment level and partner-based personal harm perceptions, both globally and in specific domains. Results from Study 2 suggest that greater commitment leads to decreased perceptions of partner as a source of risk to the self as well as with increased risky behaviors by the self. Collectively, the data are consistent with the notion that commitment inspires a transformation of motivation which is characterized by a departure from self-interest and a positive skewing of partner-oriented perceptions.

Study 1 provided correlational evidence of an association between participants' level of commitment toward their own relationship and various domains of possible harm to the self from their actual current partner, using data derived from a sample of romantically-involved individuals. Consistent with interdependence-derived hypotheses, the greater level of commitment evidenced by participants, the less likely they perceived their partner as causing harm to them. This finding nicely parallels those obtained for other interpersonal consequences of commitment but has decidedly more negative implications for both the individual harboring such perceptions and for the relationship in which the individual is involved. One can imagine how such perceptions might keep an individual involved in a particularly negative relationship, such as one characterized by physical violence. Consistent with this notion, past research has demonstrated that high commitment to one's partner predicts the degree to which an action is considered to be violent (Arriaga, 2002). The present results suggest a mediating mechanism for these past findings: higher commitment leads to decreased perceptions of partner-generated harm which leads to violent actions not being perceived to be as violent. Alternatively, one can imagine how decreased harm perceptions might lead a person to become increasingly intimately

involved with someone who eventually turns violent. Thus, results from the current investigation have important implications for personal welfare.

Study 2 provides experimental evidence that manipulations of relationship status lead to changes in perceived risks. This study put participants in a common sexual situation and asked them to make some critical judgments regarding realistic unknowns: believing the self to be disease-free and having either strong or no feelings of commitment toward a partner, how likely is it that one sees the partner as harboring a disease? How likely is intercourse and condom use with this partner? Using a psychological manipulation of commitment inspired by Arriaga and Agnew's (2001) component view, Study 2 provided evidence that a committed relationship is associated with decreased perceptions of STD/HIV, increased intercourse likelihood, and rated the possibility of condom use between vignette partners as significantly less likely to occur than did participants presented with a casual relationship.

We believe that commitment leads to reduced perceptions of harm and suspect that the cognitive restructuring associated with commitment (e.g., cognitive interdependence; cf. Agnew et al., 1998) plays an important role in this process. As individuals become increasingly committed, they begin to blur the distinction between self and partner and this blurring serves to support more benign interpretations of partner actions toward the self. We also believe that tendencies toward cognitive consistency with respect to interpersonal relationships play a critical role in driving perceptions of harm. Viewing a loved partner as a source of harm is cognitively inconsistent. As we have noted, the relationship between couple members accounts for an important element with respect to the possible underpinnings of reduced perceptions of harm.

One possible limitation of the current research is the use of vignettes in Study 2 to assess how commitment affects risk-related perceptions and behaviors. Some may argue that

participants could be unable or unwilling to place themselves in the position of the person in the vignette, which, of course, may shift responses away from what individuals actually perceive and do in their own relationships. Previous research has argued in favor of the use of vignettes, however (see Stolte, 1994). More specifically, past research has demonstrated that individuals are willing and able to place themselves within a hypothetical vignette if the context is quiet and the vignette is not too cognitively demanding. Our participants were only asked to read and evaluate one short vignette within a quiet classroom. Moreover, the situation presented in the vignette was one that many participants had likely experienced within their own lives. In addition, the use of vignettes allowed us to cleanly and clearly manipulate relationship commitment between the two partners without presenting additional sources of error that participants' own relationships may have introduced.

Another possible limitation of the current research is the exclusive use of college students as participants. However, with regard to commitment-inspired reduction in harm perceptions, college students are of particular interest. During college, many students search for a long-term relationship partner, while at the same time engaging in potentially risky, harmful behaviors (e.g., unprotected sexual intercourse). It is precisely that dynamic that may lead to devastating consequences for an individual committed to a risky partner. Of course, Oakes (1972) argues that any population is likely to be atypical with regard to some behavioral characteristic. Thus, while we can be reasonably certain that relationship commitment leads to decreased perceptions of partner-based harm in college students, additional research is needed to examine how commitment to a relationship partner affects perceptions of harm in samples beyond college students.

In addition, future research may fruitfully investigate other areas of partner-based harm. In the first study, we found that stronger commitment was related to perceptions of decreased likelihood of harm to material possessions, public image, and mental health in particular, but other types of harm remain to be investigated. Understanding how commitment affects different areas of personal harm may help us to more fully understand various “abusive” types of relationships (e.g., where one partner swindles money or property from another partner). Moreover, a more thorough examination of the relationship between commitment and decreased perceptions of harm to mental health may help us understand how partner dynamics contribute to clinical disorders such as depression or anxiety.

A fuller examination of the *behavioral* consequences that stem from a committed individual’s decreased perceptions of partner-based harm is also warranted. In our experimental studies, participants perceived that intercourse would be more likely and condom use would be less likely when one partner was committed to the other. It is not difficult to envision how decreased likelihood of partner-based harm would lead to other potentially damaging behaviors as well, such as excessive drug or alcohol use within a relationship. Moreover, decreased perceptions of partner-based harm likely contribute to the maintenance of physically abusive relationships. In short, understanding why committed individuals experience decreased perceptions of partner-based harm could help clinicians aid individuals who are experiencing unwanted negative outcomes within their relationships.

Previous research has outlined many of the positive aspects of committed, stable relationships. Although we have discussed ways in which decreased perceptions of partner-based harm could be a negative consequence of commitment, we do not wish to suggest that this would always be the case. In fact, believing that one’s partner is unlikely to be a source of harm

could be beneficial in some circumstances. Within the daily context of relationships, misunderstandings occur; one partner may inadvertently say or do something that upsets the other partner. Believing that one's partner is unlikely to be a source of intentional harm could keep healthy, productive relationships alive, despite minor transgressions. When perceptions of decreased likelihood of partner-based harm lead to self- or other-damaging cognitions or behavior, however, relationship commitment may become a cause for concern. Thus, finding an optimal level of partner-based harm perceptions likely has important implications for maintaining a positive relationship.

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Table 1

Study 2: Mean Ratings for Partner Disease, Intercourse, and Condom Use Likelihood by Experimental Condition

	<u>Likelihood of...</u>		
	<u>Partner Disease</u>	<u>Intercourse</u>	<u>Condom Use</u>
Casual Relationship	23.0%	45.8%	73.8%
Committed Relationship	15.0%	82.9%	64.0%
<i>P-Value</i>	<i>.014</i>	<i>.000</i>	<i>.035</i>

Note: Means are reported out of a possible 100% likelihood and control for own condom use. P-values are derived from analyses that included participant gender as both a main effect and an interaction effect.

Figure 1:

Relational and Self-Determinants of Perceptions of Interpersonal Risk

