

RUNNING HEAD: HELPING OR HURTING?

Helping or Hurting? The Role of Unmitigated Communion and Relationship Intimacy Following
Support Receipt

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Author Note

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Abstract

Unmitigated communion (UC) is defined as a focus on others often to the exclusion of the self (Bakan, 1966; Helgeson, 1994). A common trait of high UC individuals is their eagerness to provide help; however, when UC individuals receive help, they experience negative emotion and discomfort that stems from a negative sense of the self. Therefore, we examined the affective and behavioral responses to support receipt of high and low UC individuals in a laboratory setting. Additionally, we examined if relationship intimacy moderates these reactions. We found that UC was not directly related to affective and behavioral outcomes; however, we did find interactions between UC and relationship intimacy for positive affect and prospective support behaviors. These findings suggest that relationship intimacy plays an important role in how high UC individuals respond to support receipt, such that high intimacy partners (e.g., close friends and family members) might produce the most negative outcomes when attempting to provide help to those who score high on UC.

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Agency and communion are two fundamental principles of human existence (Bakan, 1966). Communion is a focus on connections with others and is associated with the female gender role, or psychological femininity. Common traits associated with communion include warmth, understanding, and kindness. Agency, by contrast, is considered to be an orientation with a focus on the self, often associated with the male gender role and psychological masculinity. Agency reflects one's existence as an individual, maintaining an identity separate from the larger group. Common traits associated with agency include independence, ambition, and self-confidence.

A personality trait that is connected to both agency and communion is unmitigated communion. Unmitigated communion (UC) is defined as a focus on others often to the exclusion of the self (Bakan, 1966; Helgeson, 1994). Indeed, UC has been positively correlated with communion because of the shared emphasis on the needs of others, but also is negatively correlated with agency because of the lack of attention to the self (Fritz & Helgeson, 1998). UC consists of two components: overinvolvement with others and self-neglect—each of which has been linked to poor health and relationship outcomes (Fritz & Helgeson, 1998).

Overinvolvement in the lives of others is a defining feature of UC. In a study of college students, UC individuals reported being overly nurturant and controlling, which suggests that UC individuals are aware of their overinvolvement with others (Fritz & Helgeson, 1998). UC overinvolvement has also been observed in caretakers of patients with chronic illness. In a study of cardiac patients and their spouses, patients reported greater frequencies of spouse overprotective and controlling behavior after 3 months if their spouse scored high on UC

(Helgeson, 1993). These behaviors included spouse reminders about appropriate health behaviors and spouses assuming more than their share of household responsibilities. One consequence of overinvolvement in others' lives is frequent and intrusive thoughts about the other's problems. When female college students were asked to listen to strangers disclose relationship problems, those who scored high on UC reported more intrusive and more frequent thoughts about the other person's problem two days later, even if the other was a stranger (Fritz & Helgeson, 1998).

Self-neglect is the other key component of UC. There are a number of ways in which research has connected UC to self-neglect. First, UC has been associated with having difficulties with self-disclosure, perhaps due to concerns with burdening others. In a study of female university staff members, UC individuals reported greater difficulties with self-disclosure, such as "letting a new companion get to know the real you," compared to non-UC individuals (Fritz & Helgeson, 1998). Second, in a study of college freshman adjusting to college, those who scored high in UC reported a reduction in requesting advice and emotional support from family and friends, out of fear of being perceived as burdensome (Fritz & Helgeson, 2000). Finally, UC individuals reported greater difficulties with assertiveness and greater instances of exploitation in their interpersonal relationships (Fritz & Helgeson, 1998). These findings indicate UC individuals are prone to self-neglect, because they are willing to forego assertive behaviors—such as requesting support—and are willing to silence their own opinions, for the sake of others.

UC has also been linked to self-neglect in the context of negotiation. In a laboratory study with MBA students, participants were asked to negotiate for the highest selling price of a successful product (Amanatullah, Morris, & Curhan, 2008). Individuals who scored high in UC settled for lower offers for their product compared to individuals who scored low in UC. In a follow-up study, UC was linked to self-sacrificial behavior during negotiation, such as taking

lower pay than deserved, for the sake of preserving relational ties and improving relationship satisfaction. Pairs of participants were asked to take part in a negotiation exercise, in which individuals were asked to negotiate for monetary options that benefit their respective party (Amanatullah, Morris, & Curhan, 2008). Dyads in which both members score high in UC ended their negotiations with lower monetary value and reported greater relational satisfaction following the negotiation task compared to low-UC dyads. The researchers suggested that concerns about fostering a positive dyadic relationship led UC individuals to neglect maximizing monetary gain in their negotiations.

Perhaps because of the UC person's self-neglect and overinvolvement in others, UC relationships are frequently unbalanced, particularly with regard to social support (Helgeson, 1994). That is, UC individuals maintain relationships in which the other dyad member relies on them for any form of support—whether that be giving advice or providing emotional support. It is central to the UC person's identity that they are seen as the primary support-giver. The one-sided support provision without support receipt aligns with the UC components of both overinvolvement and self-neglect. That is, providing support presents an opportunity for UC individuals to assume the role of “helper” within their relationships, even if support provision comes at a cost to them (Fritz & Helgeson, 2000). However, support provision does not appear to be a result of an altruistic motive. In a study of college students, UC was linked to greater distress when others rejected their support offers and found help elsewhere than when others rejected their support offers and found no help, suggesting that UC individuals have egoistic motives when they provide support (Helgeson & Fritz, 1998; Helgeson, Crouch, & Chee, 2016). That is, UC individuals desire to maintain the “helper” role and use support provision to improve self-esteem or reduce distress rather than for the sake of addressing the other person's needs.

Part of the imbalance in relationships stems from UC's connection to reduced support receipt from others. Refusing to receive support aligns with the UC component of self-neglect. Requesting and receiving support can be viewed as a sign of weakness in relationships (Beck & Clark, 2009) and has the potential to undermine the UC role of helper. UC individuals may be unlikely to request and receive support, neglecting their personal needs in favor of other's needs. In a study of female university staff members, UC was linked with feeling uncomfortable receiving support from others (Fritz & Helgeson, 1998). Thus, UC individuals seem to avoid receiving help as a means of preserving the imbalanced relationship and reducing the discomfort associated with support receipt.

A primary limitation of previous research on support provision and support receipt is that it is largely correlational. Thus, it is not clear if UC is the cause of these support interactions or a third variable accounts for the relations. The impetus of this research was to develop a causal link between UC and negative reactions to support receipt. To address this question, I examined the affective and behavioral responses of high and low UC individuals to support receipt in a laboratory setting.

The first goal of the study was to demonstrate that high UC individuals respond more negatively to support receipt compared to low UC individuals. Specifically, we predicted that individuals who scored high on UC would respond to support receipt with more negative affect and less positive affect than individuals who scored low on UC. We also predicted that individuals who scored high on UC would perceive their partner more negatively following an offer of support than those who scored low on UC. We believe these negative effects will occur because high UC individuals feel greater need to reciprocate support and feel badly if they are unable to provide support because their helper role in their relationship is undermined. Because

the participant receives support but is unable to provide support, we suggest that high UC individuals will report greater negative affect, less positive affect, and greater negative partner perceptions than low UC individuals, as a result of guilt, feeling burdensome, or unhappiness with the partner for providing support.

The second goal of the study was to test if the relation between UC and reactions to support receipt is moderated by relationship intimacy. We hypothesized that high UC individuals will report more negative affect, less positive affect and more negative partner perceptions when receiving support from a close other than a non-close other because the expectation to reciprocate support is more salient in high intimacy relationships compared to low intimacy relationships. For low UC individuals, we hypothesize that there will be no differences in positive affect, negative affect, and partner perceptions when receiving help from a close other than a non-close other because low UC individuals will be comfortable receiving support from all individuals, regardless of intimacy. Within this study, we operationalized intimacy by having partners who were either similar in terms of college major and year in college (high intimacy) or dissimilar in terms of college major and year in college (low intimacy).

Method

Participants

A total of 63 college students were recruited for this study as part of a course requirement. Two participants were excluded because they did not complete the final questionnaire, and two participants were excluded because they did not complete the pre-screen questionnaire. Thus, the final sample presented in this paper consisted of 59 participants (18 males, 39 females, 1 other, 1 preferred not to respond). Participant age ranged from 18 to 22, with a mean of 19.10 ($SD = 0.96$). Participants responded to two separate questions about race

and ethnicity. Participants self-identified as: White (36%), Black or African American (5%), Asian (66%), Native American or Other Pacific Islander (2%). These numbers exceed 100% because respondents could choose more than one category. Regarding ethnicity, 5% self-identified as Hispanic or Latino, and 95% responded as being neither Hispanic or Latino. Complete demographic information for all participants is shown below in Table 1.

Procedure

The study was approved by Carnegie Mellon University's Institutional Review Board. In order to sign up for the study, interested participants enrolled online and selected a timeslot based on their availability. UC and interdependent self-construal were obtained from a pre-enrollment questionnaire that all students were asked to complete as part of a course requirement. Because UC was measured during the pre-enrollment questionnaire, the experimenter was blind to the UC score throughout the experiment.

Upon arrival, participants completed consent forms. Participants were told that their partner had already arrived and was completing their consent form in the other room. Next, participants completed a baseline questionnaire. This baseline questionnaire assessed mood, depressive symptoms, and demographic variables. While the baseline questionnaire was being completed, participants were randomly assigned to condition by flipping a coin. The high intimacy condition was one in which the participant's partner was similar in terms of college major and year in college, whereas the low intimacy condition was one in which the participant's partner was dissimilar in terms of college major and year in college. There were 31 participants in the high intimacy condition and 28 participants in the low intimacy condition.

After completing the baseline questionnaire, participants were told that they would be completing a set of cognitive tasks both individually and with a partner during the experiment.

Participants were told that meeting the partner in-person prior to the group tasks would bias the outcome of the experiment. Therefore, prior to the individual tasks, participants were given 8 minutes to communicate with their “partner” via instant messenger. Participants were told that their partner was of the same sex as them. The partner’s name was “Lauren” if the participant was female and “Jason” if the participant was male or identified as non-binary. In reality, the role of the imaginary partner was played by the experimenter who was acting as a confederate (i.e., confederate partner) so that the interaction could be standardized. Therefore, the only variables that differed across participants were their UC score and their belief about whether the partner was similar or dissimilar in terms of age, major, and university affiliation.

Participants were instructed to initiate the conversation by introducing themselves with their first name, major, year, and university. The confederate experimenter responded with their first name, major, year, and university. Following introductions, participants were instructed to ask simple questions to their partner in order to establish a working relationship with their partner prior to the group tasks. Sample questions include: “What city did you grow up in?”, “Why did you pick CMU/Pitt?”, “What clubs/organizations are you involved with on campus?” In order to keep the relationship intimacy as distinct as possible across the two conditions, the confederate experimenter responded with similar responses to the participant in the similar condition to enhance relationship intimacy and with dissimilar responses to the participant in the dissimilar condition to reduce relationship intimacy. For example, in the high intimacy condition, if the participant’s hometown was San Francisco, the confederate experimenter might respond that their hometown is also near San Francisco to increase feelings of relationship intimacy. In the low intimacy condition, if the participant’s major is mechanical engineering, the confederate

experimenter might respond that their major is creative writing in order to reduce relationship intimacy.

After 8 minutes, the experimenter returned to the room in which participants were sitting and asked them to end the interaction. Participants were told that they would be beginning the individual task portion of the experiment. Participants were also informed that they would be assigned to two out of four possible individual tasks. Two were monotonous (crossing out vowels and finding typos), and two were more entertaining (“mad-libs” and word searches). Participants were always assigned to the two boring tasks and were told to wait quietly while the experimenter distributed the two other tasks to their partner. When the experimenter returned, they informed the participant that the partner had received the “mad-libs” and word search tasks. Then, the participant was informed that the partner was presented with an opportunity to switch one task with the participant to balance the pleasantness of the experiment among both parties. Participants were told that the partner offered to switch one task with them. Participants were then asked: “Are you willing to accept your partner’s offer, or would you rather complete your tasks as assigned?” Participants’ responses to this question were recorded, and they were told to wait quietly while the experimenter informed the partner of their decision.

The experimenter returned to the participant’s room and administered the final questionnaire, which assessed mood, prospective support behaviors (i.e., intention and desire to provide and receive support), and partner perceptions.

Upon completion of this final questionnaire, participants were told that there were no cognitive tasks to complete and that the experiment was over. Participants were then debriefed about the experiment, which included informing them that there was no partner in the other room. Justification for deception was included, and participants were encouraged to ask

questions and express concern about the deception if they were experiencing feelings of confusion or discomfort. Participants were then thanked for their time and compensated with one credit toward the departmental research requirement.

Instruments

Unmitigated communion. Unmitigated communion was measured during the prescreen questionnaire with the 9-item Unmitigated Communion scale (Helgeson & Fritz, 1998). Respondents indicated the extent to which they agreed or disagreed with each item on a 5-point Likert scale ranging from “strongly disagree” (1) to “strongly agree” (5). Sample items included “I always place the needs of others above my own” and “I often worry about other people’s problems”. Internal consistency for this measure was 0.77. Average UC score across all participants was 3.35 ($SD = 0.72$), which reflected the average of the scale.

Interdependent self-construal. Interdependent self-construal was measured during the prescreen questionnaire with 11 items that assessed how much the participant defined themselves in the context of their relationships with others. Participants were asked to indicate their agreement with 11 statements regarding themselves and their relationships using a 7-point Likert scale, ranging from “strongly disagree” (1) to “strongly agree” (7). Sample items included “My close relationships are an important reflection of who I am” and “Overall, my close relations have very little to do with how I feel about myself” (reverse coded). Internal consistency for this measure was 0.91.

Mood. Five distinct mood states were measured with 18 items from a modified version of the Profile of Mood States (McNair, Droppleman, & Lorr, 1971; Usala & Hertzog, 1989) at baseline (T1) and following the manipulation (T2): anger (3 items; e.g. “frustrated”; T1 $\alpha = 0.75$; T2 $\alpha = 0.48$), depressed (5 items; e.g. “sad”; T1 $\alpha = 0.86$; T2 $\alpha = 0.77$), anxiety (3 items; e.g.

“nervous”; T1 $\alpha = 0.86$; T2 $\alpha = 0.86$), happiness (3 items; e.g. “cheerful”; T1 $\alpha = 0.84$; T2 $\alpha = 0.86$), and calm (3 items; e.g. “relaxed”; T1 $\alpha = 0.87$; T2 $\alpha = 0.91$). Respondents indicate the extent to which they felt a particular feeling or emotion in the current moment on a 5-point Likert scale ranging from “not at all” (1) to “extremely” (5).

Depressive symptoms. Depressive symptoms were evaluated using the short form (10 items) of the Center for Epidemiologic Studies–Depression Scale (Radloff, 1977). Participants rated how often they agreed with 10 statements regarding their feelings over the past week. Ratings were made on a 4-point Likert scale ranging from “none of the time” (1) to “most of the time” (4). Sample items included “My sleep was restless” and “I felt hopeful about the future” (reverse coded). Internal consistency for this measure was 0.77.

Prospective support behaviors. Several items were developed for this study to evaluate the willingness and desire to provide and receive support during the upcoming group task. Participants were first asked about their willingness and desire to provide support: “How comfortable would you be helping your partner with upcoming tasks?” (willingness) and “How much would you like to help your partner with upcoming tasks?” (desire). Respondents indicated the likelihood of each item on a 5-point Likert scale, ranging from “not at all” (1) to “very” (5). Participants were then asked about their willingness and desire to receive support: “How comfortable would you be receiving help from your partner with upcoming tasks?” (willingness) and “How much would you like receiving help from your partner with upcoming tasks?” (desire). Respondents indicated the likelihood of each item on a 5-point Likert scale, ranging from “not at all” (1) to “very” (5).

Partner perceptions. Partner perceptions were evaluated with a 23-item inventory that asked respondents to indicate how much their partner embodied 23 adjectives on a 5-point Likert scale ranging from “not at all” (1) to “a lot” (5).

Positive partner perceptions were assessed with 12 items (e.g., giving of assistance, understanding). Internal consistency was 0.93. Negative partner perceptions were assessed with 7 items (e.g., argumentative, rejecting), but the internal consistency was not satisfactory ($\alpha = 0.66$). Thus, we conducted a principal components analysis of the negative perception items followed by varimax rotation to see if distinct factors would emerge. Three factors emerged: (1) “controlling” (e.g., demanding, bossy); (2) “critical” (e.g., rejecting, complaining); and (3) items that did not make conceptual sense. Thus, we computed a partner controlling subscale ($\alpha = 0.86$) and a partner critical subscale ($\alpha = 0.72$) from the items that loaded on the first two factors.

Results

Background Analyses

We examined whether random assignment to condition was effective in terms of demographic factors, baseline mood, and personality. Chi-square analyses showed no significant condition differences on gender, race, ethnicity, or year in college.

Independent t-tests—with condition as the independent variable and outcome as the dependent variable—showed no group differences on baseline mood, depressive symptoms, or interdependent self-construal. However, we did find significant group differences for age, such that participants in the high intimacy condition were younger ($M = 18.81, SD = 0.79$) compared to participants in the low intimacy condition ($M = 19.43, SD = 1.03$). Most importantly, UC was not confounded with condition. Results from independent t-tests on study outcomes can be found in Table 2.

Relations of UC to Outcomes

We used regression analysis to predict each of the outcomes by entering UC as the independent variable. To examine changes in outcomes measured at both baseline and after the manipulation (e.g., mood), we entered the respective baseline level of the outcome into the regression model.

Acceptance of support. UC was not related to acceptance of support ($\beta = 0.06, p = 0.67$).

Mood. UC was not related to changes in happiness ($\beta = -0.06, p = 0.45$), calmness ($\beta = -0.06, p = 0.67$), anger ($\beta = -0.06, p = 0.51$), depressed feelings ($\beta = -0.05, p = 0.44$), or feelings of anxiousness ($\beta = 0.09, p = 0.32$).

Perceptions of partner. UC was not related to positive perceptions of partner ($\beta = -0.00, p = 0.99$), negative critical perceptions of partner ($\beta = 0.04, p = 0.75$), or negative controlling perceptions of partner ($\beta = 0.14, p = 0.31$).

Prospective support behaviors. UC was not related to willingness to provide support to partner ($\beta = 0.11, p = 0.43$) or the desire to provide support to partner ($\beta = 0.03, p = 0.80$). UC was also not related to the participant's willingness to receive support from their partner ($\beta = -0.15, p = 0.27$) or the desire to receive support from their partner ($\beta = 0.09, p = 0.62$).

Effects of Condition on Outcomes

We used one-way analysis of variance (ANOVA) to examine condition differences in outcomes with condition as the independent variable. Because mood was measured before and after the manipulation, we used analysis of covariance (ANCOVA) to examine changes in mood by controlling for baseline mood. Means for each condition on all dependent variables are shown in Table 2.

Acceptance of support. Condition was significantly related to acceptance of support, $\chi^2(1) = 4.76, p = 0.03$, such that 71% of participants in the high intimacy condition accepted support from their partner compared to 43% of participants in the low intimacy condition.

Mood. There were no effects of condition on happiness, calmness, depressed feelings, or feelings of anxiousness.

However, there was a main effect of condition on anger, $F(1, 56) = 4.58, p = 0.04$, such that participants in the high intimacy condition reported more anger following the manipulation than participants in the low intimacy condition.

Perceptions of partner. There were no effects of condition on positive perceptions of partner, negative critical perceptions of partner, or negative controlling perceptions of partner.

Prospective support behaviors. There was no effect of condition on willingness to provide support to partner. However, there was a marginal main effect of condition on desire to provide support to partner, $F(1, 57) = 2.93, p = 0.09$, such that participants in the low intimacy condition reported greater desire to provide support compared to participants in the high intimacy condition.

There were no effects of condition on the participant's willingness to receive support from their partner or the desire to receive support from their partner.

Interaction of UC and Condition on Outcomes

We used regression analysis to predict each of the outcomes by entering UC and condition on the first step of the equation and the interaction between UC and condition on the second step of the equation. UC was centered prior to calculation of the interaction term in the regression analyses. To examine changes in outcomes measured at baseline and after

manipulation (e.g., mood), we entered the respective baseline level of the outcome into the regression model. Results from the regression analyses can be found below in Table 3.

Acceptance of support. The interaction between UC and condition was not related to acceptance of support.

Mood. The interaction between UC and condition was not related to changes in calmness, anger, depressed feelings, or feelings of anxiousness. However, the interaction between UC and condition was marginally related to changes in happiness ($\beta = 0.18, p = 0.09$). In order to interpret the interaction, we conducted separate regressions to predict happiness with UC for each of the conditions separately. As predicted, in the high intimacy condition, UC was marginally related to less happiness ($\beta = -0.17, p = 0.10$). However, in the low intimacy condition, UC was unrelated to happiness ($\beta = 0.09, p = 0.47$).

Perceptions of partner. The interaction between UC and condition was not related to positive perceptions of partner, negative critical perceptions of partner, or negative controlling perceptions of partner.

Prospective support behaviors. The interaction between UC and condition was not related to willingness to provide support to partner or the desire to provide support to partner. UC was also not related to the participant's willingness to receive support from their partner or the desire to receive support from their partner.

Post-Hoc Analyses

Because we found only one marginally significant interaction between UC and condition, we tested our hypotheses again using only participants who score very high or very low on UC. The high UC group was defined by an average UC score greater than 3.7, whereas the low UC group was defined by an average UC score less than 3.0. A two-way analysis of variance

(condition by UC group) showed our previous marginally significant interaction with happiness is now significant, $F(1, 32) = 4.20, p = 0.04$. As shown in Table 4, high UC individuals reported less happiness than low UC individuals in the high intimacy condition, but there were no differences in happiness between high and low UC individuals in the low intimacy condition. Although the UC by condition interaction was not significant for other mood outcomes, means were in the expected direction for calmness and anger. As shown in Table 4, high UC participants in the high intimacy condition reported the lowest calmness and highest anger of any of the groups. Furthermore, high UC participants reported less positive partner perceptions and were less willing to provide support compared to low UC participants in the high intimacy condition, but the opposite occurred in the low intimacy condition: higher UC participants had more positive perceptions and were more willing to provide support compared to low UC participants. These results suggest that low intimacy conditions may be less threatening to high UC individuals, consistent with our hypotheses.

Ancillary Analyses

UC was significantly related to more depressive symptoms ($\beta = 0.27, p = 0.04$) and higher interdependent self-construal ($\beta = 0.46, p < 0.001$).

Discussion

Our first goal was to establish a relation between UC and acceptance of support, such that individuals who scored high in UC would reject support more frequently than individuals who scored low in UC. We also expected high UC individuals to report greater negative affect, lower positive affect, and more negative partner perceptions, compared to low UC individuals when their partners offered help. However, our results did not support this hypothesis. One possible explanation for these null findings is that our sample of college students did not adequately

represent individuals who score high in UC. Because the scores of UC in our sample were normally distributed, we had few individuals who had a UC score of 4 and above. Consistent with other research, however, we did find that UC is positively related to more depressive symptoms and higher interdependent self-construal.

Our second goal was to determine if the relation between UC and reactions to support receipt was moderated by relationship intimacy. Our hypothesis that high UC individuals would report more negative affect, less positive affect and more negative partner perceptions when receiving support from a close other compared to a non-close other was only supported with regard to happiness. As predicted, in the high intimacy condition, UC was marginally related to less happiness, but in the low intimacy condition, UC was unrelated to happiness. This result is consistent with our hypothesis, as we believe that the role of “helper” in UC relationships was undermined. Our participants received support offers from others and were restricted from providing support, which is inconsistent with the UC role of “helper.” Because the norm of reciprocity is greater in high intimacy relationships, being unable to function as a helper might be particularly uncomfortable for UC individuals. We found evidence of this in terms of reduced feelings of happiness following support receipt. Despite support for our hypothesis with regard to happiness, we found no support for our other measures of positive affect, negative affect, and partner perceptions. Thus, we interpret this finding with some caution.

When we selected individuals at the extremes of UC, we found some additional support for our hypotheses, but these findings did not reach conventional levels of significance. The lack of significant findings is likely due to the decreased sample size with this selection process. However, we did find some directional support for our hypothesis. First, high UC individuals reported significantly less happiness than low UC individuals in the high intimacy condition, but

there were no differences in happiness between high and low UC individuals in the low intimacy condition. Second, we observed trends in anger and calmness that were consistent with our hypotheses, such that high UC individuals reported greater anger and less calmness following the support offers in the high but not the low intimacy conditions. Because these results were only observed after selecting for high and low UC scores, both of these findings suggest that future work should focus on selecting individuals who score more at the extremes of UC.

We also found some evidence that intimacy condition affected the results. Participants in the high intimacy condition reported increased acceptance of support compared to participants in the low intimacy condition, suggesting that similar qualities (e.g. major, school) within a dyad promote support acceptance. We manipulated intimacy by informing participants that their partner was similar or dissimilar in terms of age, major, and university affiliation. We chose these characteristics because they are integral to the identity of college students. We also manipulated intimacy through targeted responses during the eight-minute discussion period, such that the confederate experimenter responded with similar responses or dissimilar responses to the participant's questions based on high or low intimacy condition. However, we do not know if intimacy is the variable that explains these findings, as we did not ask participants to report their reasons for choosing to accept or reject help. We also did not find that participants in the high intimacy condition felt closer to their partner compared to participants in the low intimacy condition; therefore, we are cautious in concluding that intimacy was the sole factor in predicting acceptance of support. In hindsight, we realize that we may have manipulated similarity more so than intimacy. Within current relationships literature, similarity and intimacy are considered to be separate concepts, with similarity composing a small portion of intimacy (Parks & Floyd, 1996). It is likely that similarity precedes the establishment of intimacy within a relationship.

Thus, future research should focus on close friendships or romantic partners to maximize relationship intimacy.

One direction for future work on the acceptance or rejection of support is to increase the stakes of the support offer. Participants were told that their acceptance of support would alter the cognitive tasks participants would complete in this experiment but would have no effect on future tasks. Therefore, our manipulation had no major repercussions for choosing to accept or reject an offer of support. In a prior laboratory study, participants were informed that their partner was experiencing elevated blood pressure and needed assistance walking to the campus health center (Helgeson, Crouch, & Chee, 2016). Because the negative outcomes of refusing to help were greater, participants demonstrated overwhelming compliance to help their partner. In the present study, the same negative outcome of refusing to accept help was not present. We observed greater variability in responses to support acceptance; however, we did not observe many effects of UC, condition, or interaction effects on outcomes, suggesting that our sample is abnormal, or our manipulation is weak. Our sample is representative of the demographic makeup of Carnegie Mellon University and the responses on all measures are normally distributed. Therefore, we believe that our manipulation is weak, and future research should focus on developing a stronger manipulation with higher stakes for the support offer to promote uniform acceptance of support. By increasing the pressure to receive support, we believe that high UC individuals would accept support begrudgingly, rather than rejecting support outright. As a result, conflicting feelings about violating their “helper” role will increase negative affect, reduce positive affect, and increase negative partner perceptions upon support receipt.

One novel element of our research design was the inclusion of an interdependent self-construal measure. Prior research has suggested that there are differences in the cultural

grounding of closeness and intimacy, such that interdependent cultures report greater feelings of closeness to network members compared to independent cultures (Adams, Anderson, & Adonu, 2004). Similarly, those who score high in interdependent self-construal report their relationships being more integral to their sense of self compared to those who score low in interdependent self-construal (Cross, Bacon, & Morris, 2000). We believe that maintaining relationship harmony through support receipt is a possible impetus for increased probability of support receipt and provision within those interdependent relationships.

Finally, we believe that there are other reasons that people—specifically college students—refuse and accept support that this study did not address. This study is one of the few to examine UC in a laboratory setting with healthy college students, as existing literature on UC has largely focused on older populations and those with chronic illness. However, the college environment may lead to social and environmental stressors that may produce results that are inconsistent with prior UC research on other populations. In our experiment, participants were only asked whether they accept or reject the offer of support but were not asked to provide a reason why they did or did not accept help, which could be integral in providing context to our findings. Based on personal anecdotes gathered from college students in a prior laboratory study on social support and support receipt, students reported fears of judgement and being burdensome as the most common reasons why they refuse to ask for help in times of stress (Crouch & Helgeson, 2017). These beliefs are indicative of higher UC scores; however, those who refused support in the prior study did not demonstrate significantly different UC scores compared to participants who accepted support in times of stress. The refusal of support out of fear of judgement or being burdensome could be magnified by the college environment rather than being solely linked to an internal personality characteristic, such as UC. Future work could

focus on comparing young adult college and non-college populations to provide evidence that responses to support receipt are moderated by the associated stress and social dynamics of the college environment.

Before concluding, we acknowledge several limitations of this study. First, the sample size was small and included substantially fewer males than females. Random assignment to condition was successful; however, analysis of gender differences was limited, due to smaller sample size. Second, participants were only asked whether they accept or reject the offer of support but were not asked to provide a reason why they did or did not accept help. Analysis of participant's reasons for rejecting or accepting help could prove to be useful for informing future work. Third, our study lacked intimacy measures which would have been useful in determining the mechanism driving support acceptance or rejection. Finally, some of our measures were limited. For example, our prospective support behavior measures were assessed by only one item. Future work should provide additional questions to bolster these measures.

Despite these limitations, our study had several strengths. First, the experimenter was blind to the participant's UC score which means the experimenter's behavior could not have been influenced by the knowledge of a participant's UC score during the study. Second, this is one of the few studies to focus on reactions to support provision rather than support receipt, which has not received as much attention in existing literature on UC. Finally, our sample of healthy college students is relatively unique, as existing literature on UC has largely focused on older populations and those with chronic illness.

Overall, this study provides insight into behavioral and affective outcomes of college students in response to support receipt. We learned that UC was not related to changes in mood or partner perceptions following support receipt. However, we observed an interaction between

UC and relationship intimacy on feelings of happiness, such that individuals who score high in UC report lower levels of happiness when receiving help from a partner with whom they feel greater intimacy. Future research should continue to examine the link between UC and support receipt, as existing laboratory studies are limited. Furthermore, research should focus on determining whether intimacy or closeness is a moderator for this relation by distinguishing closeness from similarity.

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Table 1*Participant Characteristics*

	Mean (SD)	Percentage
		(<i>n</i> = 59)
Gender		
Male		30%
Female		66%
Other		2%
Prefer Not to Respond		2%
Race		
White		36%
Black/African American		5%
Asian		66%
Native American or Other Pacific Islander		2%
Ethnicity		
Hispanic or Latino		5%
Not Hispanic or Latino		95%
Age	19.10 (0.96)	
Year in School		
College First-Year		31%
College Sophomore		47%
College Junior		20%
Graduate Student		2%

Table 2*Group Differences in Outcomes Following Manipulation (Means and Standard Errors)*

Outcome	High Intimacy	Low Intimacy	Significance
Happiness*	2.67 (SE = 0.09)	2.67 (SE = 0.09)	p = 0.99
Calm*	3.21 (SE = 0.10)	3.18 (SE = 0.11)	p = 0.84
Anger*	1.12 (SE = 0.03)	1.03 (SE = 0.03)	p = 0.04
Depressed*	1.21 (SE = 0.03)	1.21 (SE = 0.04)	p = 0.90
Anxiety*	1.77 (SE = 0.08)	1.72 (SE = 0.08)	p = 0.99
Positive Perceptions	3.12 (SD = 0.81)	3.21 (SD = 0.66)	p = 0.67
Negative Perceptions (Controlling)	1.05 (SD = 0.09)	1.11 (SD = 0.43)	p = 0.40
Negative Perceptions (Critical)	1.05 (SD = 0.15)	1.10 (SD = 0.31)	p = 0.51
Comfort Interacting w/ Partner	3.55 (SD = 0.93)	3.71 (SD = 0.81)	p = 0.47
Willingness to Provide Help	3.87 (SD = 0.92)	4.18 (SD = 0.94)	p = 0.21
Desire to Provide Help	3.77 (SD = 0.76)	4.14 (SD = 0.89)	p = 0.09
Willingness to Receive Help	3.81 (SD = 0.91)	4.07 (SD = 0.86)	p = 0.26
Desire to Receive Help	3.45 (SD = 1.06)	3.50 (SD = 0.88)	p = 0.10
Acceptance of Support	71%	43%	p = 0.02

* Values presented are means adjusted for baseline; SE = standard error of mean.

Table 3*UC x Condition Interaction Effects on Outcomes*

Outcome	Standardized Coefficients (Beta)	Significance
Happiness	$\beta = 0.18$	$p = 0.09$
Calm	$\beta = 0.167$	$p = 0.15$
Anger	$\beta = -0.16$	$p = 0.22$
Depressed	$\beta = -0.01$	$p = 0.89$
Anxiety	$\beta = -0.14$	$p = 0.22$
Positive Perception	$\beta = 0.19$	$p = 0.32$
Neg. Perception (Controlling)	$\beta = -0.14$	$p = 0.22$
Negative Perception (Critical)	$\beta = 0.09$	$p = 0.63$
Willingness to Provide Help	$\beta = 0.23$	$p = 0.20$
Desire to Provide Help	$\beta = 0.25$	$p = 0.18$
Willingness to Receive Help	$\beta = 0.06$	$p = 0.74$
Desire to Receive Help	$\beta = 0.09$	$p = 0.62$
Acceptance of Support	$\beta = 0.10$	$p = 0.57$

Table 4. *Group Differences in Outcomes Following Manipulation (Means and Standard Errors) via Two-Way ANOVA/ANCOVA*

Outcome	Low UC (HI)	High UC (HI)	Low UC (LI)	High UC (LI)	UC	Condition	UC x Cond
Happiness	2.91 (.11)	2.52 (.13)	2.78 (.15)	2.92 (.13)	p = 0.35	p = 0.30	p = 0.04
Calm	3.36 (.16)	3.05 (.18)	3.18 (.21)	3.30 (.18)	p = 0.62	p = 0.86	p = 0.25
Anger	1.13 (.04)	1.15 (.05)	1.07 (.06)	0.97 (.04)	p = 0.39	p = 0.02	p = 0.23
Depression	1.20 (.06)	1.21 (.07)	1.17 (.08)	1.24 (.07)	p = 0.59	p = 0.96	p = 0.69
Anxiety	1.73 (.10)	1.79 (.11)	1.83 (.13)	1.78 (.11)	p = 0.96	p = 0.73	p = 0.62
Pos. Perc.	3.26 (.21)	3.04 (.27)	2.83 (.24)	3.29 (.24)	p = 0.72	p = 0.63	p = 0.17
Neg. Perc. Cont.	1.04 (.11)	1.00 (.14)	1.08 (.13)	1.28 (.13)	p = 0.21	p = 0.55	p = 0.36
Neg. Perc. Crit.	1.08 (.04)	1.00 (.06)	1.07 (.05)	1.04 (.05)	p = 0.78	p = 0.24	p = 0.65
Interact	3.75 (.26)	3.71 (.34)	3.00 (.30)	3.56 (.30)	p = 0.14	p = 0.39	p = 0.33
Provide Willing	4.00 (.24)	3.86 (.32)	3.67 (.28)	4.56 (.28)	p = 0.52	p = 0.19	p = 0.07
Provide Desire	3.92 (.24)	3.86 (.31)	3.56 (.27)	4.33 (.27)	p = 0.84	p = 0.19	p = 0.14
Receive Willing	4.17 (.25)	4.14 (.33)	3.56 (.29)	4.11 (.29)	p = 0.28	p = 0.37	p = 0.33
Receive Desire	3.67 (.30)	3.71 (.39)	3.11 (.34)	3.56 (.34)	p = 0.31	p = 0.49	p = 0.57
Accept Support	75% (.14)	43% (.19)	66% (.17)	56% (.16)	p = 0.90	p = 0.20	p = 0.53

* (HI = High Intimacy, LI = Low Intimacy)