Relational Interdependent Self-Construal and the Effects of Stress on Health Outcomes, Relationship Satisfaction, and Attention to Alternatives

By

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Abstract

Relational interdependent self-construal (RISC) refers to the self as defined by relationships with others. My research examined the effects of RISC and stress on relationship satisfaction and alternatives to the current partner in romantic relationships. This research also examined whether RISC was correlated with higher quality and quantity of social support and whether social support acted as a buffer during times of stress. In this study, 196 participants were measured on their level of RISC, social support, general health, positive and negative affect, relationship satisfaction, and attention to alternative partners. Participants were randomly assigned to either a stress condition or a non-stress condition. Participants completed two stress manipulations and an implicit measure of attention to alternative partners based on a reaction time task. Using Pearson correlations I found that RISC and social support were positively correlated. I also found that stress in the past month was correlated with poorer health, higher negative affect, and lower positive affect. Furthermore, regressions indicated that individuals high in RISC had higher satisfaction in their romantic relationship; however, the interaction between RISC and stress did not predict relationship satisfaction.

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Dedication

This thesis is dedicated to my grandfather, Matthew Konuck, who passed away before he had a chance to see me complete this thesis. Thank you for all your support throughout my life, you always encouraged me to pursue my goals and I wish you could have had the opportunity to see this milestone. You are forever loved and constantly missed, so this one's for you!

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The way individuals define themselves, their self-construal, is one of the most important aspects in their lives as it determines their thoughts, feelings, and behaviours. Individuals' self-construals influence feelings towards their romantic partners and relationships, reactions to their partners' behaviours, and behaviours towards their partners (Cross, Bacon, & Morris, 2000). Relational interdependent self-construal (RISC) is a self-construal based upon relationships with others where in the self is defined and based on these relationships rather than just defining the self based on individual traits or abilities.

Individuals have many different types of relationships throughout their lives such as family relationships, friendships, and romantic relationships. Romantic relationships are important for all individuals as they begin in adolescence and provide social support, stress reduction, and a sense of belonging (Sedikides, Oliver, & Campbell, 2005). Individuals' self-construal can influence their romantic relationships in many different ways. In regards to feelings, individuals' self-construals influence the satisfaction and commitment that they experience with their partner and in their relationship (Cross, Morris, & Gore, 2002). In terms of reactions to partners' behaviours, self-construals can influence how individuals react when their partners look at other possible mates or ask how their day was (Yum, 2004). Self-construals can also influence how often individuals accommodate their partners' behaviours or mistakes (Yum, 2004).

Very little research has focused on the impact of RISC, one type of self-construal, on social support in romantic relationships. In a study by Cross et al. (2000), individuals

who were high in RISC, compared to low, perceived higher levels of social support. Past research has also found that environmental variables such as stress can lead to problems in romantic relationships such as conflicts (Christensen & Pasch, 1993). However, no research has been conducted on the relations among RISC, social support, and stress in romantic relationships. Perhaps environmental factors (e.g., stress) influence how individuals react while at the same time their behaviour in their romantic relationships may change based on their self-construals. Coping styles and personality characteristics influence not only how an individual reacts to the stress but also the consequences of the stressful event (Lazaras, 1993). As noted above, stressful events can lead to problems in health and relationships. However, social support provided to individuals in romantic relationships acts as a buffer against stress. It may well be that one's self-construal also impacts these relations among stress, social support, and relationship outcomes.

In my study, I tested whether individuals who had a high level of RISC had more perceived social support in terms of quality and quantity and whether this acted as a buffer during times of stress compared to individuals who had a low level of RISC. It is these self-construals that define how an individual reacts to stress and the amount of negative consequences that are experienced during that stressful event. Therefore, I also examined whether stressful events had an influence on participants' romantic relationship outcomes (e.g., satisfaction and potential alternative partners). Therefore, this study examined whether individuals' self-construal influenced their behaviours, actions, goals, and coping processes.

Self-Construal

Self-construal refers to an individual's view of self and how he or she makes meaning of the self. There are two primary types of self-construal, interdependent and independent self-construals, as seen in different Eastern and Western cultures (Markus & Kitayama, 1991). In Eastern cultures such as Japan and China, individuals have an interdependent self-construal where in the person is defined based on their social roles, position in groups, and their responsibility to others. For example, an individual will find her role as a mother and employee important in her self-construal. In this definition of the self, individual characteristics, beliefs, and attitudes are less important (Cross, Gore, & Morris, 2003). In this type of interdependent self-construal, individuals are less likely to demonstrate personality or behavioural consistency and are more likely to vary across situations in order to fit into the norms, rules, and expectations of their social roles and positions. In Western cultures, individuals have an independent self-construal. In this independent self-construal, the self is separate from others and traits, abilities, and preferences are based on the social context, separate from relationships. However, the degree to which an individual has an interdependent or independent self-construal varies and, thus, individuals in Western cultures still exhibit some level of interdependent self-construals. Therefore, a more relational form of interdependence known as relational interdependent self-construal has been created to assess the variation of self-construals in Western cultures. These different types of self-construals influence an individual's attitudes and behaviours. Self-construals can also influence how an individual reacts in a certain type of situation such as how he or she copes or feels during that situation.

Relational Interdependent Self-Construal

Relational interdependent self-construal (RISC) is the extent to which a person defines the self in terms of his or her individual relationships such as those with one's spouse or close friends (Cross, 2009). All individuals have some level of relational interdependent self-construal. However, individuals high in RISC are more likely to define themselves based on their one-on-one relationships with others. Therefore, in relational interdependent self-construal, an individual's in-groups are less important whereas the individual relationships are more important. Women are more likely than men in America to have an interdependent self-construct (Cross & Madson, 1997).

RISC is a broad term that is not focused on one specific relationship but encompasses all relationships an individual holds. Individuals high in RISC are more likely than individuals low in RISC to value their individual relationships and are likely to take on the perspective of someone close to them (Cross & Morris, 2003). People high, compared to low, in RISC are also more likely to evaluate relationship-oriented terms positively and to remember information in terms of their relationships (Cross et al., 2002). Cross (2009) found that RISC is strongly correlated with empathy, communal orientation, and interdependence. Furthermore, RISC is positively correlated with self-disclosure to others, social support, and commitment to relationships. However, it is unrelated to self-esteem and measures of well-being.

Research has demonstrated that individuals low in RISC, compared to those high in RISC, are more likely to exhibit behavioural consistency, meaning they display the same attitudes and behaviours in all situations and relationships. This is because individuals low in RISC, compared to those high in RISC, define themselves in terms of their attitudes, abilities, and traits and, thus, try to come across as consistent in their behaviours

during various situations (Cross et al., 2003). Furthermore, individuals who are consistent, have self-integrity, and unity are more likely to report positive dimensions of well-being such as positive attitudes and positive moods compared to individuals who are not consistent, have low self-integrity, and less unity (Shoda, 1998). In more recent research, for individuals low in RISC, consistency is strongly related to well-being. However, consistency and well-being are less strongly related in individuals high in RISC (Cross et al., 2003). Cross et al. (2003) also found that individuals high in RISC self-reported behaving authentically (e.g., with perceived choice and self-direction) in their relationships when compared with those low in RISC.

Individuals' self-construals determine how individuals react in different social situations since self-construals may influence cognitive, emotional, and motivational processes (Kim & Markus, 1999; Sedikides, Olsen, & Reis, 1993; Markus, Kitayama, & Heiman, 1996). Therefore, I will now review the literature on the relation between self-construals in general and an individual's social support, method of coping, relationships with others, and stress.

Relational Self-Construal and Social Support. Since individuals high in RISC base their self-concept on their relationship with others, they are more likely to take the other person's interest into account compared to individuals low in RISC (Cross & Morris, 2003). Consistent with this, Cross and Morris (2003) found that individuals who were high in RISC, compared to those low in RISC, were more likely to consider the needs and wants of their close relationship partners when making decisions about how to spend their summer. Furthermore, individuals high, compared to low, in RISC are more likely to consider others in their goal pursuits. Perhaps it is these actions of considering

the needs and wants of others that allow individuals high in RISC to have more perceived social support compared to individuals low in RISC. My study examined whether individuals high, compared to low, in RISC had more perceived social support in terms of quality and quantity.

Relational Self-Construal and Coping. While there is no research on RISC and coping, the strategies of personal control and how individuals cope varies with the nature of their self-construal. For example, Weisz, Rothbaum, and Blackburn (1984) state that control exhibited by individuals varies based on self-construal. Individuals who have an independent self-construal, compared to individuals with an interdependent self-construal, are more likely to take primary control over a situation, also known as direct control. In this case, individuals who have an independent self-construal are more likely to take direct action, confront an individual, or speak up in order to solve problems. In contrast, individuals who exhibit an interdependent self-construal prefer harmony with others and are likely to focus on changing the self rather than the social situation. Examples of this are accepting the situation or changing one's mindset about the situation. This method of control and coping is known as secondary control or indirect attempts to regulate the self.

Because individuals who have interdependent, compared to independent, self-construals are more likely to exhibit secondary control in stressful situations, they may be more likely to seek social support to cope with situations. Similarly, individuals who are high in RISC base their self on their relationships, and thus, have more perceived social support than those low in RISC (Cross, Bacon, & Morris, 2000). Perhaps having this perceived social support allows individuals to better cope with stress. The perceived

social support available to these individuals may allow them to cope with the situation better since if needed, they believe help will be there for them. My study examined whether individuals who are high, compared to low, in RISC had more perceived social support and whether this social support helped them to cope with stressful situations.

Relational Self-Construal and Relationships. Individuals who are high in RISC are more likely to base their self-construal on their relationships and, thus, are more likely to engage in behaviours that promote closeness and harmony in their current relationships compared to individuals low in RISC (Cross, 2009). Morry and Kito (2009) found that individuals high, compared to low, in RISC reported behaving in ways that enhanced or maintained their friendships such as disclosing more information about themselves, trusting their friends more, and getting their friends to disclose more. In a study by Cross et al. (2000), individuals high in RISC worked with a randomly assigned partner. Individuals who were high in RISC were more likely to self-disclose and by self-disclosing were evaluated more positively by their partner compared to those low in RISC. This research demonstrates that individuals high, compared to low, in RISC are more likely to be open about themselves, thus demonstrating sensitivity and concern for their partners even when their partners are strangers. Similarly, Cross and Morris (2003) examined the effects of RISC on the need to develop new relationships with others. In this study, roommates were examined because roommates must coordinate activities and space. Therefore, roommates' relationship with one another is very interdependent. Universities tend to pair strangers together in a room and, in turn, this provides a good way to examine the need to foster and develop new relationships. Cross and Morris found

that individuals high in RISC were more likely to listen to their roommates' self-disclosures than individuals low in relational self-construal.

Additionally, in a recent study, Gore, Cross and Morris (2006) found that individuals high, compared to low, in RISC were more likely to reveal their own thoughts and feelings, thus fostering a more supportive environment for relationships to develop. Since individuals high in RISC are more likely to engage in behaviours that promote harmony and closeness to others, compared to those low in RISC, they may be likely to have more perceived social support. Cross et al. (2000) found that RISC and perceived social support were positively correlated at $r = .26$. Since a positive correlation was found, I hypothesized that individuals high in RISC were going to have more perceived social support, in terms of quality and quantity, compared to those low in RISC.

Furthermore, Cross and Morris (2003) found that RISC moderated the association between closeness and well-being. In high RISC individuals, life satisfaction was positively associated with the perception of the depth of their roommate relationship, whereas low RISC individuals did not base their life satisfaction on their relationships with others. Additionally, individuals who are high, compared to low, in RISC are more likely to have an optimistic view of their relationships which may contribute to the overall well-being and development of their relationships (Cross & Morris, 2003). Individuals high in RISC are more likely to have an optimistic view of their roommate relationships and friendships, compared to those low in RISC, perhaps this would extend to romantic relationships as well. Also, because individuals high, compared to low, in RISC are likely to see their relationships more optimistically, perhaps they are more likely to have higher satisfaction and happiness in their current romantic relationships.

My study examined whether individuals high in RISC exhibited higher satisfaction in their romantic relationships even when stressed compared to those low in RISC. Perhaps situational factors such as stressful situations have less of an impact on their relationship outcomes if they are high, compared to low, in RISC.

Alternative partners

Even when individuals are in romantic relationships, there are alternative partners that they encounter on a daily basis. Although, individuals that are in romantic relationships may misjudge the alternatives available to them (Miller, 1997). Clinical studies have shown that explicit assessments of alternative partners are less common among couples who are satisfied in their relationships, compared to those who are not satisfied (Jacobson, Waldron, & Moore, 1980). Similarly, Miller (1997) found that individuals high in relationship satisfaction looked at fewer alternative partners than those low in relationship satisfaction. Looking at fewer alternative partners may be caused from the phenomenon known as “derogation of attractive alternatives”, which is when romantic partners devalue the attractiveness of other alternative partners (Lydon, Fitzsimons, & Naidoo, 2003). In general, individuals allocate their time and attention towards those who can fulfil their desires and needs (Berscheid, Graziano, Monson, & Dermer, 1976). Thus, individuals will likely direct attention toward their current partner if they believe their wants and needs will be met. Furthermore, individuals in relationships may defend themselves against potential threats to their existing relationship (Johnson & Rusbult, 1989; Miller, 1997). Individuals in relationships were more likely than those not in relationships to view alternative partners to be less attractive (Lydon, Fitzsimons, & Naidoo, 2003). No research has focused on RISC and how it influences

attention to alternative partners, nor has any research been conducted on stress and alternative partners. My study will examine whether RISC and stress influence individuals' attention to alternative partners using an explicit and an implicit task.

Stress

Stress was historically defined as hardship or adversity (Lumsden, 1981). More recently, psychological stress has been defined as having a causal internal or external agent known as the stress or stressor that an individual evaluates as potentially harmful to himself or herself (Lazarus, 1993). This psychological stress then results in the individual experiencing a reaction to the stress and possibly attempting to cope with this stress.

Throughout their lives, individuals experience not only big life events that are particularly stressful but also daily stressors known as hassles. These smaller stressors can have a significant impact on mental health (Almeida, 2005; Bolger, DeLongis, Kessler, & Schilling, 1989). Examples of daily stressors include being stuck in traffic, having a fight with a co-worker, or being late for an appointment. Not all stressors produce the same amount of stress. For example, interpersonal hassles produce more stress than non-interpersonal hassles (Lepore, Evans, & Palsane, 1991). These daily stressors as well as major life events create varying amounts of stress on individuals, depending on how the stressors are perceived (Gruen, Folkman, & Lazarus, 1988). Individual differences such as coping processes and personality traits such as narcissism and optimism are related to the effects of stress on individuals (Lazarus & Eriksen, 1952).

Stress and coping processes. Research has demonstrated that individual differences such as coping processes and motivation affect how we respond to stress which further affects our physical state (Bandura, 1997; Lazarus & Folkman, 1984).

Coping processes have been defined as conscious strategies that are used when coping with a problem (Cramer, 2000). Coping processes are inconsistent across situations and, are thus, situationally based (Schwartz & Daltroy, 1999). Most inventories identify five basic coping processes: problem-focused coping, emotion-focused coping, social support, religious coping, and making meaning (Aldwin & Gilmer, 2004). Problem-focused coping processes involve identifying the problem and finding possible solutions to solve it. Therefore, if a stressful situation arises, individuals using problem-focused coping processes would find the underlying problems and solve them. In order to solve the problem they may make a list of things to do or a course of action to follow. Emotion-focused coping can follow two different directions- venting and expressing emotions or avoiding and withdrawing. Individuals who try to avoid the situation or withdraw (e.g., try to just avoid the stressful event) will likely have poorer outcomes (Aldwin & Revenson, 1987). Individuals use social support as a coping process. In this process, individuals may find emotional support from someone or ask for advice (Thoits, 1986). This is similar to religious coping, where advice and guidance is sought by prayer (Pargament, 1997). In the last coping process, making meaning, individuals try to understand the problem or situation and make meaning of it. For example, an individual who uses the making meaning coping process when experiencing a stressful event, such as a family member dying, will try to understand the situation and why it happened (Mikulincer & Florian, 1996).

Coping processes affect the physical illnesses and moods that individuals exhibit when stressed. Individuals who use a problem-solving coping processes tend to be healthier in stressful situations and generally lead a longer life (Greer & Morris, 1975).

Avoidance coping has been found to lead to more negative affect and more physical health problems (Billings, Folkman, Acree, & Moskowitz, 2000). Individuals who are able to cope well in stressful situations are generally in better physical condition (i.e., healthier and happier). Coping styles influence how individuals deal with stressful events. It could be that perceived social support allows individuals to deal with stressful situations. Therefore, those individuals who are in less stressful situations and experience less stress should exhibit better health and less negative affect.

Stress and Personality. Lewinsohn and Amenson (1978) found that there are large individual differences in how individuals feel even when experiencing the same event. Individual differences such as having high self-esteem and optimistic attitudes can help cope with daily stress (Pearlin & Schooler, 1978). Those individuals who have higher self-esteem and have more optimistic attitudes, compared to those with lower self-esteem and have a less optimistic attitudes, are less likely to be affected by the stress. Similarly, individuals who have a pessimistic explanation style rather than an optimistic explanation style for stressful events have more physical illnesses (Jackson, Sellers, & Peterson, 2002).

Stress and Mood. In a recent study by Mroczek and Almeida (2004), there was a stronger association between daily stress and negative mood for individuals who were high in neuroticism as compared to those who were low in neuroticism. Individuals higher in negative emotions reported having more daily hassles and assessed their hassles as more stressful than individuals with lower negative emotions (Aldwin, Spiro, Levenson, & Bosse, 1989; Gunthert, Cohen, & Armeli, 1999). Similarly, Delongis, Folkman, and Lazarus (1988) found that individuals had a poorer mood and more

negative feelings on stressful days compared to non-stressful days. However, they found that individuals reported better moods on the days following the stressful day compared to their general daily mood. Therefore, individuals who are in stressful situations, compared to those in non-stressful situations, should exhibit more negative feelings and more negative moods. In my study, individuals in the stress and the non-stress condition were compared to determine whether their level of stress influenced their moods and feelings.

Stress and Perceived Control. Perceived control is thought to be an important aspect of stress. The amount of influence individuals believe they have over a stressful event influences how much they are affected by the stressor (Troup & Dewe, 2002). The more control individuals believe they have, the more able they are to successfully manage the event and the better their psychological well-being (Lazarus, 1981; Lazarus & Folkman, 1984). Individuals who are high in RISC may be using social support as a coping mechanism. Individuals high in RISC may believe that they have more social support available to them compared to those low in RISC, allowing them believe that they are able to control the situation. This perceived social support allows them to solve their problem more easily or helps to change their emotions surrounding the situation. Therefore, my study examined whether individuals high, compared to low, in RISC had more perceived social support and whether this perceived social support was a mediator of an individual's level of RISC and their physical health as well as mood when in a stressful situation.

My study examined whether individuals high, compared to low, in RISC had more perceived social support and whether this perceived social support mediated the

relation between an individual's level of RISC and their physical health as well as mood when in a stressful situation.

Stress and Health. Numerous studies have demonstrated that experiencing stressful events can be detrimental to one's physical and mental condition and could lead to health problems (Dohrenwend & Dohrenwend, 1974; Myers, Lindenthal, & Pepper, 1971; Myers, Lindenthal, Pepper, & Ostrander, 1972; Paykel et al., 1969). For example, the more stressful life events that an individual experiences (e.g., divorce, loss of job) within a short span, the higher the risk that the individual faces illnesses and the greater likelihood for experiencing major, compared to minor, illnesses (Rahe, 1975). Bornstein (1995) found that undergraduate students who reported experiencing higher levels of interpersonal stress were more likely to report experiencing physical illnesses compared to those who experienced lower amounts of interpersonal stress.

Individuals who experience a lot of life changes are at a higher risk for illness. Those who experience a lot of change are required to readjust to their current life situation which can put a lot of stress on them (Vinokur & Selzer, 1975). Lesko and Summerfield (1989) examined the effect of stress on undergraduate students and found that the number of exams being written (the stressor) was positively correlated with self-reported physical illnesses and higher blood pressure levels.

Hystad, Eid, Laberg, Johnsen and Bartone (2009) found that academic stress in undergraduate students was positively associated with reported health complaints. In a study examining the effects of stress on a specific illness, Crohn's disease, individuals who experienced more stress in the past 24 hours and within the past year (based on a

self-reported questionnaire) exhibited more signs and symptoms of Crohn's disease than those who experienced less stress (Garrett, Brantley, Jones, & Tipton, 1991).

Similar to physical illnesses, stressful events can be associated with more negative mental health such as negative affect and moods (Bolger et al., 1989; Van Eck, Nicolson, & Berkhof, 1998). Bolger et al. (1989) found that 20% of the variance within mood was associated with daily stress. Also, 16% of the variance could be attributed to four interpersonal stressors: spouse argument, child argument, argument with a single other, and an argument with multiple others. Finally, multiple stressors on one day produced fewer negative effects than if the stressors occurred on separate days. Similarly, in a study that examined white-collar male workers, even when individual differences in mood levels were controlled for, stress led to increased negative affect, agitation, and decreased positive affect (Van Eck et al., 1998). Since stressful events result in poorer physical health, my study examined whether participants in the stress condition, compared to the non-stress condition, would be more likely to report poorer physical well-being on a general health questionnaire. Participants' positive and negative affect were examined to determine if stress influenced their general mood. Furthermore, my research allowed me to test whether having perceived social support acted as a buffer against negative mood and poor well-being in stressful situations.

Stress and Relationships. Stress affects the interactions among partners in romantic relationships (Crouter, Bumpass, Head, & McHale, 2001). For example, stressful major life events such as parenthood are associated with a decline in marital satisfaction (Belsky & Pensky, 1988). In addition, increased stress and negative life events can lead to feelings of anxiety, lower self-esteem, and worries about the future. In

some cases, negative life events and emotions lead individuals to look for more reassurance from their partners (Joiner, Katz, & Lew, 1999). In a study of job stress in male police workers, job stress had a negative impact on the husbands' interactions with their spouse (Roberts & Levenson, 2001). Similarly, in another study, during days with a high-work load, compared to days with a low-work load, spouses were more likely to have negative interactions with each other (Repetti, 1989).

One reason why experiencing stress is associated with having less satisfaction in relationships is that stress may increase a partner's need for social support. Although the partner has an increased need for social support, stress may decrease the ability to provide support. Thus, if both partners had a bad day at work, it may increase their need for support but decrease their ability to provide support for one another, creating conflict (Christensen & Pasch, 1993). Another possibility is that experiencing stressful events may create new conflicts of interest in a relationship. For example, if a couple just had a child, it forces them to face new challenges and tasks that may result in having new conflicts (Christensen & Shenk, 1991). Since individuals who are high in RISC base their views of themselves on their relationships, I hypothesized that these individuals would be more likely to act in ways that enhanced their relationships compared to those low in RISC. Thus, individuals high, compared to low, in RISC would have more social support available to them, and use it more often, which would result in more satisfaction in their relationships.

Stress, Social Support, and Relationships. Social support has been defined as a style of coping in which individuals seek emotional support and advice from other individuals (Aldwin & Gilmer, 2004). Social support may provide vital information for

the individual, may provide the direct resources that are needed to solve a problem, or may help change his or her mindset. It has been well documented that social support from close and intimate relationships buffers the negative effects of stress (Collins & Feeney, 2004; Simpson, Rholes, & Nelligan, 1992). If social support is offered, individuals are able to reinforce positive emotions and feelings such as security, self-worth, purpose, and belonging (Cohen, Gottlieb, & Underwood, 2000).

Another reason social support may be beneficial is provided by the stress-buffering model. In this model, perceived social support from an intimate partner may prevent or minimize negative responses to stressful situations. Social support helps prevent the initial negative reaction from the stressful event and helps individuals believe that they are able to cope with the situation (Thoits, 1986; Wheaton, 1985; Zimmerman, Ramirez-Valles, Zapert, & Maton, 2000). In some studies, perceived social support makes independent contributions to the effects of stress while others find that perceived social support functions to reduce the consequences of experiencing these stressful moments (Aneshensel & Stone, 1982; Andrews, Tennant, Hewson, & Vaillant, 1978; Williams, Ware, & Donald, 1981). Having social support available may provide individuals with different viewpoints and knowing support is available, that is perceived social support, helps reduce the stress (Lazarus & DeLongis, 1983; Lazarus & Folkman, 1984). Individuals who have social support are able to receive help from others to cope with stressful events which allows them to use fewer of their own resources. Using fewer of their own resources allows individuals to manage the stress more effectively resulting in less negative psychological or health outcomes. This may help individuals reappraise the situation, viewing it as less stressful and easier to overcome by providing a solution to

the problem or reducing the perceived significance of the event. Individuals who receive less emotional support with daily stress are more likely to report higher levels of stress as well as more physical illnesses and negative moods (DeLongis et al., 1988). Delongis and colleagues (1988) found that individuals who had low self-esteem, compared to those who had high self-esteem, were more likely to have stress-illness associations and increased physical symptoms of illness during times of stress.

Although having social support and perceived social support have been shown to help individuals cope with stressful events, individual characteristics (such as attachment style or self-construal) may influence whether social support is sought or not. Simpson, Rholes, and Nelligan (1992) found that women who had a secure attachment style were more likely to seek social support from their partner when they were anxious than women with an avoidant attachment style. Furthermore, individuals who have a secure attachment style tend to view social support as more beneficial than individuals who have an avoidant or insecure attachment style (Collins & Feeney, 2004). Therefore, social support does help individuals overcome the negative effects of stress, but not all individuals will seek social support during these times. Although research has shown that those high in RISC tend to have more perceived social support, there has been no research examining whether this social support acts as a buffer in stressful situations. I hypothesized that individuals high, relative to low, in RISC would report more perceived social support resulting in stress having less of an impact on their relationship satisfaction and attention to alternative partners. Since individuals high in RISC value their relationships with others, and view themselves based on their relationships, they are more likely to engage in behaviours that promote their relationships compared to individuals

low in RISC. Therefore, even when in stressful situations, I hypothesized that they would still view their relationships positively and would be less impacted by stress since their perceived social support would help them cope. Since individuals high in RISC may have more perceived social support, I expect that they would exhibit poorer physical health and negative affect than those low in RISC. Although actual support provides emotional support and a mechanism for individuals to cope with stressful situations, having perceived social support itself may reduce the negative impact of stressful events. It is not the actual support that is most important, but rather the idea that support is available. Therefore, perceived social support rather than actual social support was measured in this study.

The Present Study

Numerous studies have documented the effects of stress on relationships as well as the negative effects of stress in general. In addition, individuals high in RISC report more commitment and satisfaction in their friendships with others compared to individuals low in RISC. However, no study has been conducted to determine whether RISC influences individuals' responses to stress and their satisfaction in their romantic relationships. I examined whether being exposed to stress had an influence on participants' relationship satisfaction and attention to alternative partners. I also examined whether RISC influences individuals' reactions to stress and whether RISC is correlated with their self-reported amount and quality of perceived social support. In this study, stress was manipulated using a recall/write manipulation designed to evoke feelings of being stressed.

My study is important as past research on RISC has focused on friendship relationships whereas this study focuses on close romantic relationships. My study also provides further insight into what affects satisfaction within close relationships and what other factors, such as stress, affect outcomes in these relationships. It also provides further insight into coping mechanisms for stress and how stress may influence different individuals depending on their RISC.

Hypotheses

Since individuals high in RISC base their view of themselves on their relationships with others, they are more likely to place greater emphasis on their relationships compared to individuals low in RISC. Individuals high in RISC are likely to think and behave in ways that enhance and strengthen their relationships. Since these individuals put so much emphasis and effort into their relationships, I hypothesized that they would be more likely to have more individuals that provide them with perceived social support.

Hypothesis 1: Individuals high in RISC will have a higher quantity and higher quality of perceived social support than individuals low in RISC.

It has been well documented that stressful events and an accumulation of hassles can lead to negative affect, physical health problems, and problems in romantic relationships. I predicted that manipulating stress by having individuals focus on the negative events in their life would lead them to experience these negative consequences.

Hypothesis 2: Individuals in the stress condition will experience higher levels of negative affect, anxiety, and impairment based on the general health questionnaire compared to those in the non-stress (control) condition.

Since individuals high in RISC are more focused on their relationships, they report higher levels of satisfaction in their relationships compared to individuals low in RISC. Maintaining close relationships is important for maintaining a positive view of the self and for maintaining self-esteem. Also, individuals high in RISC compared to those low in RISC are more motivated to maintain close relationships.

Hypothesis 3: RISC and stress will interact to affect relationship outcomes such as satisfaction and attention to alternatives.

Hypothesis 3a: When stressed, individuals high in RISC will be more satisfied in their dating relationships, report more satisfaction, and look less at alternative partners compared to individuals low in RISC.

Hypothesis 3b: When not stressed (control) individuals high in RISC will exhibit a similar (close to the same) amount of satisfaction and attention to alternative partners as they would when they are stressed. However, individuals low in RISC will exhibit more satisfaction and less attention to alternative partners than if they were in the stress condition.

If individuals high in RISC are more likely to consider the thoughts and feelings of their partner when they are making decisions, satisfaction with their relationship should be stronger compared to those low in RISC. Individuals who are high in RISC, compared to those low in RISC, are also more likely to disclose information to their partner and develop a sense of connectedness. This sense of connectedness should allow these individuals to have more perceived social support but also should make use of the social support available. If they are more likely to disclose information and talk to their partner, perceived social support should act as a buffer for the stress.

Hypothesis 4: Perceived social support will mediate the RISC by stress effects and relationship outcomes such as satisfaction and alternative partners.

Method

Participants

Ninety-six male and 99 female undergraduate students who had been in dating relationships for at least six months were recruited from the University of Manitoba subject pool. Participants were given course credit for their participation in the study. The mean age of participants was 19.8 years (*SD* = 3.64 years). Participants had been dating their partner for a mean of 23.3 months (*SD* = 23.29 months) and had known their partner for a mean of 45.3 months (*SD* = 44.95 months). In terms of ethnicity, 57.7% of the participants were Caucasian, 21.4 % were Asian, 7.7 % were multiple ethnicities, 4.6 % were East Indian, 4.1 % were North American Aboriginal, and 3.6 % were African. This study was a between subjects design where 101 of the participants were randomly assigned to the stress condition and 100 participants were randomly assigned to the non-stress condition (control). One participant (non-stress condition) was dropped for only completing half the study, another participant (non-stress) was dropped because there was a technical error when entering the identification number, and three participants (stress condition) were dropped because they did not follow the instructions for the stress manipulation properly. Subsequently, there was a final total of 196 participants in the study, 98 in the stress condition and 98 in the non-stress condition, with 96 male and 100 female participants.

Procedure

Participants began by completing an informed consent sheet and then the first questionnaire online. The questionnaire contained the Relational-Interdependent Self-construal Scale (Cross et al. 2000) and a scale measuring perceived social support including that from their partner (Zimet, Dahlem, Zimet, & Farley, 1988). The inclusion of other in the self (Aron, Aron, & Smollan, 1992) and the trait self-esteem scale (Rosenberg, 1965) were also administered to control for these variables and to eliminate them as possible explanations for the relationship outcomes. The questionnaire also contained a stress thermometer to determine their level of stress before the stress manipulation took place.

Following the questionnaire, participants were randomly assigned to the stress condition or the non-stress condition. After the manipulation, participants completed a Stroop task to measure cognitive depletion and an implicit attention to alternatives task on a computer. Participants were randomly assigned to one of two orders of these tasks to ensure that order did not influence the results. Following the computer tasks, participants were given a second online questionnaire. This questionnaire consisted of an online questionnaire of the perceived stress scale (Cohen, Kamarck, & Mermelstein, 1983) as well as another stress thermometer. These both served as stress manipulation check. It also contained a positive and negative affect scale (Watson, Clark, & Tellegen, 1988), a general health questionnaire (Goldberg, & Hillier, 1979), seven questions about their relationship satisfaction (Hendrick, 1988), and questions related to the desire to look at potential alternative partners, an explicit attention to alternatives measure (Miller, 2008). All scales used had a good reliability (Table 1).

Following the study, all participants were given five minutes to think of and write about the happiest moment during their relationship in the past month. This task allowed all participants to be in a positive frame of mind when they left the study. Participants were then debriefed about the study.

Materials

Stress Manipulation. Participants in the stress condition participated in a modified version of the recall and write manipulation used by Galinsky, Gruenfeld, and Magee (2003). Participants were required to write out a list of stressful academic events that they had encountered in their lives in the past month and a list of academic assignments and tasks they had coming up within the month (Appendix A). Participants wrote about their past academic stress so that it could be examined to determine whether past stress had an influence on their past health. They were also required to list all upcoming academic assignments and tasks in order to elicit current feelings of stress. Ten minutes were given for them to make their lists. Participants in the non-stress condition were told to list all of the items in their bedroom (Appendix B). Following the list, they were instructed that they had ten minutes to write about the appearance of the bedroom such as: how it looks, where everything is placed and why they chose these colours for their room.

Stress Thermometer. Perceived stress was measured using a stress thermometer (Appendix C). Using a scale from 0 (being low stress) to 100 (being high stress), participants moved the thermometer on the screen to indicate how stressed they currently felt (Kowalski & Crocker, 2001). No numbers were written on the thermometer to indicate to participants their level of stress. Since the stress thermometer was also given

after the stress manipulation, recalling their number before the manipulation could have influenced how they responded after the stress manipulation.

Demographics. Seven questions assessed demographic information. Participant's age, gender, ethnic background, and the amount of time they have been in their dating relationship (in months).

Relational-Interdependent Self-construal (RISC). The Relational-Interdependent Self-Construal scale measured the centrality of close relationships in the self-concept. This scale consisted of 11 items (Cronbach alphas of .85 to .90; Cross et al., 2000). Participants read each of the 11 items and responded on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Higher mean scores indicate higher relational-interdependent self-construal (Appendix D).

Multidimensional Scale of Perceived Support. The Multidimensional scale of perceived support was used to measure perceived social support (Zimet, et al., 1988). The scale consisted of 12 items used to measure support from three sources: family, friends, and significant other (Cronbach alpha of .88; Zimet, et al., 1988). The participants read each item and rated each item on a 7-point scale (1 = *strongly disagree*, 7 = *strongly agree*). Higher mean scores indicated higher levels of perceived social support (Appendix E).

Inclusion of Other in Self Scale. This scale was a single item pictorial measure of closeness that taps an individual's subjective level of closeness (Appendix F). There were 7 different pictures and the participant was instructed to pick the one that describes him or her the best (Test-retest reliability between .83 and .86; Aron, & Aron, 1986).

Trait Self-Esteem Scale. This scale consisted of 10 questions that assessed an individual's overall evaluation of his or her worthiness as a human being (Cronbach's alpha of .77 to .88; Rosenberg, 1979). The scale contained 5 negatively and 5 positively worded items where individuals responded on a 4-point scale (1 = *strongly disagree*, 4 = *strongly agree*). This measure was used as a control variable to make sure self-esteem does not influence an individual's satisfaction, commitment, and alternative partners. Higher mean scores indicated higher levels of trait self-esteem (Appendix G).

Stroop Task. The Stroop Task (Stroop, 1935) was modified by putting it on E-prime on the computer. Participants were required to name the colour of the ink in which each item is printed while trying to ignore the item itself. A word may appear in red but read blue, thus the participant must push the red button on the keyboard. This scale was used to determine whether participants in the stress condition were cognitively depleted or not. The longer an individual takes to name the colour of the word on the screen (in seconds), the more cognitively depleted he or she is, whereas, the shorter time it takes an individual, the less cognitively depleted he or she is. The Stroop task was used as a manipulation check and was an implicit measure to determine whether participants were cognitively depleted if they were in the stress condition. Stress can affect cognitive functioning in various ways and higher levels of stress can result in cognitive vulnerability (Hammen, 1992; McEwen & Sapolsky, 1995).

Perceived Stress Scale. The Perceived Stress Scale (PSS; Cohen et al., 1983) was used to measure psychological stress. A total of 18 questions were used to measure stress within the past month and the current level of stress (Appendix H). Ten questions were used to measure stress in the past month (Cronbach's alpha of .76; Cohen et al., 1983)

and eight modified questions were used to measure the stress manipulation and determine how much stress participants experienced after the stress manipulation (See Appendix H). Individuals responded on a 5-point scale (0 = *never*, 4 = *very often*). Higher mean scores on the scale for questions related to the past month indicated higher levels of perceived stress in the past month and higher mean scores for questions on current stress indicated higher levels of current stress.

Positive and Negative Affect Scale. The positive and negative affect scale was used to measure affect over the past month (Cronbach's alpha of .86 an .90 for positive scale and .84 to .87 for the negative scale; Watson et al., 1988). Twenty items, ten items measuring positive affect and ten items measuring negative affect were administered to the participants (See Appendix I). Participants responded on a 5-point scale (1 = *very slightly or not at all*, 7 = *extremely*). The higher the mean score, the more positive or negative affect the participant felt over the past month.

General Health Questionnaire. The General Health Questionnaire comprised of 12- items that examined physical illness and psychological well-being (Goldberg, & Hillier, 1979). The 12-item scale was a smaller version of the 28 item scale (Cronbach's alpha of .73 to .79; Crowther, Sanftner, Bonifazi, & Shepherd, 2001). For each item, participants were asked to rate the item on a 4-point scale (1 = *not at all*, 7 = *much more than usual*). Higher mean scores indicated worse health (See Appendix J).

Satisfaction. Satisfaction was measured using the Relationship Assessment Scale (Cronbach's alpha of .86; Hendrick, 1988) which consists of 7 items (See Appendix K). Participants were asked to read each question and responded on a 7-point scale (1 = *not well, none*, 7 = *very well, always*). An example question was "how much do you love

your partner?" Higher mean scores indicated more satisfaction in their romantic relationship.

Explicit measure of attention to alternatives. Attention to alternatives was measured using Miller's (2010) Facets of Attention to Alternatives Scale (Appendix L). The 29-item scale measured three types, or facets, of attention to alternatives: active prowling (12 items), passive prowling (9 items), and wilful disinterest (8 items). For the study participants used a 7-point Likert scale (1 = *not at all* to 7 = *very much*) to rate the extent to which they agreed with the statements presented. Higher mean scores on the scale indicated more attention is paid to alternative partners.

Implicit measure of attention to alternatives. A modified version of Miller's (2007) attention to alternatives behavioural measure was used. In a pilot study, participants rated advertisements of 21 men, 21 women, and 31 objects on attractiveness, attention getting and vividness. From the 73 advertisements, 15 were chosen. Five advertisements featured attractive male models, five advertisements featured attractive female models, and five advertisements featured products (not models). All writing was removed from the photographs. The 15 photographs were randomly presented to participants one at a time. Participants were instructed to familiarize themselves with the advertisements by examining each in turn. They viewed a slide of a same-sex target, then of an opposite-sex target, then a neutral target which was counterbalanced across participants. The time spent viewing each slide was measured in milliseconds. The more milliseconds that were spent viewing photos of the opposite sex indicated more time spent looking at photographs of alternative partners.

Five minute positive experience in your relationship task. To ensure that participants left the study in a positive mood, at the end of the study, individuals were told the following: "As we are interested in different experiences individuals have had in their dating relationships. We would like you to write about happy time in your relationship. This time, please describe the most POSITIVE event that has occurred in your dating relationship. When describing this event, please try to include as much detail as possible such as when this event occurred, what started the event, how you and your partner behaved, any emotions you felt, if other people were involved, etc. Please try to write enough to fill the space given below."

Results

Preliminary Analysis

First, Pearson correlations were conducted among all variables. In Table 2, the Pearson correlations, means, and standard deviations can be seen for all measures. Participants' perceived social support was positively correlated with their satisfaction. This means that individuals who report a higher level of perceived social support also report higher relationship satisfaction with their romantic partner. Furthermore, general health was negatively correlated with relationship satisfaction and positively correlated with perceived stress in the past month and current perceived stress. A higher score on the general health questionnaire indicates worse health and more illness, while a lower score indicates better health. Therefore, this negative correlation indicates that individuals who are in better health are more likely to experience better relationship satisfaction and less stress than those who are not as healthy.

Before further analyses were conducted, the stress and non-stress groups were checked to ensure that there were no significant differences based on participants' age $t(189) = -0.23$, $p = .820$, participants' gender, $t(193) = -0.07$, $p = .944$, age of partner, $t(192) = 0.74$, $p = .460$, gender of partner, $t(192) = 0.14$, $p = .887$, length of time in their relationship, $t(193) = -0.22$, $p = .886$, and time they had known their partner, $t(169) = 1.64$, $p = .102$. No significant differences were found across the two stress conditions.

To test if the stress manipulation worked, I first created a stress difference score using the stress thermometer ratings by taking the stress score after the manipulation and subtracting the stress before the manipulation. In this difference score, higher scores indicated higher levels of stress after the stress manipulation. An independent t-test was used to compare the scores in the stress condition and the non-stress condition. There was a nonsignificant difference between scores for the stress condition ($M = 1.80$, $SD = 16.61$) and the non-stress condition ($M = -1.18$, $SD = 9.10$); $t(194) = -1.56$, $p = .121$. Furthermore, an independent t-test on the Stroop Task, which measured cognitive depletion, between the stress and non-stress condition, also indicated nonsignificant difference (stress condition $M = 85.96$, $SD = 75.52$; non-stress condition $M = 94.07$, $SD = 78.15$), $t(192) = .736$, $p = .463$. These two t-tests indicate that the manipulation of stress was ineffective.

Does RISC Predict Social Support?

There was a significant positive correlation between RISC and perceived social support, $r(194) = 0.33$, $p = .001$. Supporting Hypothesis 1, individuals high in RISC have more perceived social support.

Does Stress Influence Mood and Health?

Independent t-tests assessed whether the stress condition affected negative affect, anxiety, and poorer general health. For negative affect, there was a nonsignificant difference between the scores for the stress (M = 2.23, SD = 0.69) and non-stress (M = 2.11, SD = 0.67) conditions, $t(194) = -1.23$, $p = .218$. Assessing the relationship between stress condition and positive affect also indicated a nonsignificant difference between the stress (M = 3.56, SD = 0.73) and non-stress (M = 3.58, SD = 0.68) conditions, $t(194) = 0.15$, $p = .880$. These results do not support the hypothesis that stress results in higher negative affect or less stress results in a lower negative affect (Hypothesis 2).

Due to an error in the implementation of the questionnaire, an anxiety scale was not included. Therefore, I created an Anxiety variable using four words from the negative affect scale: nervous, distressed, upset, and jittery (Cronbach's $\alpha = .70$). There was a nonsignificant difference between the stress (M = 2.53, SD = 0.81) and non-stress conditions (M = 2.39, SD = 0.80), $t(194) = -1.21$ $p = .229$, which does not support the hypothesis that those in the stress condition have higher anxiety than those in the non-stress condition (Hypothesis 2).

An independent t-test was used to examine whether general health varied across the two stress conditions. There was a nonsignificant difference in the scores for stress (M = 1.94, SD = 0.45) and non-stress (M = 1.88, SD = 0.43) conditions, $t(194) = -0.90$, $p = .368$.

Since I wanted to control for self-esteem and the inclusion of other in self, I ran ANOVAs with self-esteem and the inclusion of other in self (IOS) scale as covariates by conducting a univariate general linear model. In each of these ANOVAs, condition was still nonsignificant, all $F(1, 192) < 2.22$ and all p´s > .138. However, self-esteem was a

significant predictor in each case, all $F(1, 192) > 4.52$ and all $p < .035$. This effect for self-esteem though did not influence any of the results noted in the t-tests above.

Since the stress manipulation did not work, I also examined Hypothesis 2 by conducting correlations using the participants' self-reported stress within the past month (see Table 2). A Pearson correlation was used to assess the relationship between stress in the past month and negative affect. The correlation was significant, $r(195)= 0.69$, $p = .001$, supporting the hypothesis that stress influences negative affect (Hypothesis 2). Additionally, stress in the past month and positive affect were significantly correlated, $r(195) = -0.51$ $p = .001$, which supports the hypothesis that those lower in stress have a higher positive affect (Hypothesis 2). A Pearson correlation assessing the relationship between stress in the past month and general health indicated a significant positive correlation, $r(195) = 0.75$, $p = .01$. This correlation supports the hypothesis that stress and general health are correlated (Hypothesis 2) and indicates that individuals who experience greater amounts of stress have poorer general health.

I found that Hypothesis 2, stress influences mood and health, was not supported based on the stress and non-stress conditions. However, when stress in the past was examined to determine whether it was correlated with mood and health, stress was positively correlated with negative affect and lower health which partially supports the hypothesis.

How Does RISC and Stress Influence Satisfaction and Attention to Alternatives?

Regressions were used to test Hypothesis 3, namely that RISC and stress would influence relationship satisfaction and attention to alternatives. As per Aiken and West (1991), RISC was first centered and then the centered RISC score and the stress condition

were placed in block 1. The interaction between the centered RISC and stress were placed in block 2. The results of the regressions indicated that the main effect for RISC predicted satisfaction in relationships (Table 3). That is, individuals high in RISC were more satisfied in their relationships than those low in RISC. The interaction between RISC and stress condition did not predict satisfaction in relationships. Therefore, Hypothesis 3 was not supported, as RISC and stress did not interact to predict relationship satisfaction.

Then, I tested the attention to alternatives component of Hypothesis 3 to see how RISC predicted active prowling, passive awareness, and wilful disinterest outcomes of a dating relationship. Once again, I used hierarchical regressions and placed the centered RISC score and the stress condition in block 1. The interaction between the centered RISC and stress condition were placed in block 2. As indicated in block 1, there is a main effect for RISC on wilful disinterest, and a marginal effect on active prowling (Table 4). There was no main effect for stress, and the interaction between RISC and stress was not significant for active prowling, passive awareness, or wilful disinterest. These results do not support the hypothesis that RISC and stress predict attention to alternatives (Hypothesis 3).

In addition, I conducted regressions to determine whether RISC and the stress condition predicted attention to alternatives based on the reaction time task (Table 5). For men, RISC and stress condition interacted and predicted attention to female photos (see Figure 1). However, for women, RISC and stress condition did not predict attention to male photos (see Figure 2). Furthermore, for men, RISC and stress condition interacted and predicted attention to male photos. However, this was not a predicted effect. Since

the manipulation of stress did not work, I wanted to see if past stress influenced attention to alternative partners. I then re-ran all of the regressions using the centered score of stress in the past month. This score was created by taking the score of stress in the past month and subtracting the mean. This centered stress in the past month score was used as the stress variable and all results remained the same.

Finally, for male participants only, a meditational analysis using Bootstrapping regressions was used to determine whether social support mediated the RISC by stress effects on the implicit task of attention to alternatives using reaction times. Bootstrapping regression tests for mediation have no assumption of normality and are run with multiple independent variables (Preacher & Hayes, 2008). The macro is run multiple times, each time listing one variable as the independent variable and putting the other independent variable as covariate. This procedure produces the desired indirect effect for the current independent variable. In the first bootstrapping procedure, RISC was entered as the independent variable and stress was entered as a control variable (see the top of Table 6). I then entered social support as the mediator. Because different results are expected for males and females (since they should look at the opposite sex photos), I ran these analyses separately for men and women. Results from the Bootstrapping regressions can be seen in Table 6 and Figures 3, 4, 5, and 6. RISC predicted social support for both men and women. However, since zero is included in the confidence intervals (see Table 6) social support did not mediate between RISC and attention to alternatives for either male or female participants (Hypothesis 4). I then repeated the analyses with stress as the independent variable and RISC as the control variable (see the bottom of Table 6). Since

zero was still included in the confidence intervals, the results for mediation are not significant.

Discussion

How individuals define themselves is an important aspect to their everyday life and their relationships. Individuals' self-construals influence their close relationships (Cross et al., 2000). Relational interdependent self-construal (RISC) is a type of self-construal where individuals define themselves based on their relationships. Past research has demonstrated that RISC influences many aspects of individuals' romantic relationships including satisfaction, reactions to partners' behaviours, and how they accommodate their partners' behaviours (Yum, 2004). My study examined how RISC influences individuals' social support, commitment, and attention to alternatives when experiencing stress. Previous research indicates that stressful events in one's life can lead to health and marital problems (Belsky & Pensky, 1988; Bornstein, 1995; Rahe, 1975); however no research has examined RISC, social support, and stress.

I found that RISC and social support were positively correlated. Therefore, as RISC increased, so did perceived social support. In addition, the higher the amount of stress in the past month, the more negative affect and less positive affect were experienced as well as poorer general health. However, contrary to predictions, social support was not found to mediate the relationship between RISC and attention to alternatives.

Stress and Health

In my study, participants were assigned to either a stress or non-stress condition, however, the manipulation check determined that the recall and write task did not work.

It is possible that when the participants were asked to write down all academic events and tests that they had in the past month and everything in the upcoming month, they felt a sense of relief. This interpretation would be consistent with research by Mascicampo and Beaumeister (2011) who found that once participants formed plans for their unfulfilled goals, they felt had less cognitive interference from the unfulfilled goals. Furthermore, reflection on this unfulfilled goal makes various ways of attaining it highly accessible. It may be that in my study participants felt as though writing down all their accomplishments (tasks completed in the past month) and future assignments gave them a sense of making a plan. If this was the case, it might have caused them to have less cognitive interference, feel less stress, and focus more accurately on the tasks at hand. Alternatively, it could have been that writing down all their upcoming events allowed them to vent about their stress and organize their tasks during this writing task. Either event or a combination of both of events might have led to individuals in the stress condition to be as non-stressed as individuals in the non-stress condition.

Since the stress manipulation did not work, it is not surprising that participants in the stress condition did not exhibit lower negative mood, higher anxiety, and poorer health. However, when past stress was examined, past stress was correlated with higher negative mood, lower positive mood, and poorer general health. This indicates that individuals who were stressed during the past month did experience more negative affect and did have poorer physical health during the month. This finding is consistent with past research that stress influences one's physical well-being (Hystad et al., 2009; Rahe, 1975).

RISC and Relationship Outcomes

Cross and Morris (2003) examined the relationship between roommates and found that individuals high in RISC had higher relationship satisfaction. Similarly, I found that individuals high in RISC did report more relationship satisfaction. However, stress and RISC did not interact to predict relationship satisfaction. Cross and Morris (2003) demonstrated that RISC influences relationship satisfaction in friendship relationships. My research demonstrates a main effect for RISC on relationship satisfaction that extends beyond friendship to romantic relationships as well. This high level of relationship satisfaction with individuals high in RISC may be they are more likely to have a more optimistic view of their relationships which may lead to more time commitment, development, and well-being in their relationships.

I also examined how RISC and manipulated stress predicted attention to alternative partners using implicit and explicit measures. There was a main effect for RISC on wilful disinterest and a marginal effect for RISC on active prowling. Individuals high in RISC were more likely, than those low in RISC, to display wilful disinterest. However, individuals high in RISC were less likely, compared to those low in RISC, to display active prowling. However, there was no main effect for RISC on passive awareness. Furthermore, there was no interaction effect between RISC and stress to influence wilful disinterest, passive awareness, or active prowling. With the implicit attention to alternatives task, RISC and stress condition did influence the reactions of male participants. Males low in RISC looked longer at images of the opposite sex when in the stress condition compared to males in the non-stress condition. However, with females, this was not true. RISC and stress did not interact to predict attention to alternative partners in females, since females did not spend more time looking at pictures

of males. When the regressions were re-run using stress in the past month, the results remained the same. Perhaps attention to alternative partners is due to other factors such as personality attributes or specific events in a relationship (e.g. a fight). It could be that individuals low in RISC and who are highly stressed in an everyday situation do look at alternative partners however it takes a specific level of stress for this to occur.

RISC and Social Support

It is notable in this study that RISC and perceived social support were positively correlated indicating that individuals who were high in RISC are more likely to perceive they had more social support than those who were low in RISC. This supports the findings by Cross and Morris (2003). This positive correlation could be due to the fact that individuals who are high in RISC are more likely to consider the needs and wants of others, are more likely to consider others when pursuing their goals, and are more likely to place emphasis on their relationships. Individuals high in RISC take into consideration the opinion and thoughts of others when making decisions and are more likely to place a lot of energy into making their relationships flourish. These actions explain why individuals high in RISC compared to those low in RISC are more likely to perceive they have more social support.

Limitations and Future Directions

There are several limitations with this study. Given that the study was conducted with undergraduate students, the findings cannot be extended to the general population. Also, since the study was conducted with young, university students, it could have been that they get stressed out less easily which could explain why the stress task did not work. Since they encounter academic stress on a daily basis perhaps they have learned to deal

with it and see it as part of their everyday life. Furthermore, almost all participants were in dating relationships and not married. Perhaps the type of relationship influences how stress influences the romantic relationship.

Another limitation with this study is that it is very difficult to measure and manipulate stress. Since different types of stress can influence individuals in a variety of ways, it may be that academic stress only influences a certain group of people or perhaps academic stress is less likely to influence romantic relationships. There may also be a specific amount of stress that varies across individuals to influence romantic relationships.

Future research should examine how RISC influences other parts of romantic relationships. Since all the past research conducted has examined RISC and friendships, future research should examine RISC and romantic relationships (dating and marriage).

Future research should examine various types of stress. For example, it may be that only interpersonal stress has an influence on romantic relationships. Future studies should examine interpersonal stress, work stress, and stress of specific events (e.g. death of a loved one). Other future research should examine the effects of whether or not the stressor was controllable and how this interacts with RISC to predict relationship outcomes. Although in this study, the plan of action for the stress was controllable, the stressful events themselves were not. Therefore, future studies should compare controllable versus uncontrollable stressful events. For example, the death of a loved one would not be controllable; however, some work and relationship stressors could be controllable. That is, if you have a job and want to go back to school, you are able to choose how many courses to take or you could choose not to go. In this situation, you are

able to control the amount of stress you are experiencing, which may have different effects than uncontrollable stress.

Future research should also examine different types of relationships and the level of commitment in the relationships. It may be that commit mediates the RISC by stress effects. Perhaps individuals who are married are less likely to be influenced by stress in their relationship.

Furthermore, future studies could ask participants to document their stress, feelings, and romantic relationship interactions over a period of time. Perhaps there are specific events that trigger problems in a romantic relationship for certain people. This would also determine whether there are any other factors that may interact or influence how individuals deal with their stress and how it affects their romantic relationship.

Summary

My study contributes to the growing research on RISC and relationships. My findings demonstrate that social support and RISC are positively correlated in romantic relationships and demonstrates that this relation extends beyond just friendships. Since friendships and romantic relationships are different, it provides further insight our knowledge of dating relationships. Furthermore, my study reaffirms that previous stress has a negative impact on our physical health. This research provides insight into the social-personality field since this is the first study to examine how RISC and stress interact to predict dating relationship outcomes. This research shows that RISC influences our attention to alternative partners in terms of wilful disinterest and active prowling. However, RISC and stress did not interact to influence attention to alternative partners in terms of wilful disinterest, passive awareness, or active prowling. However,

with the implicit task examining photos of members of the opposite sex, for males stress and RISC interacted to predict attention to alternative partners. This demonstrates that individuals' RISC may influence why some individuals look at others of the opposite sex more than others. Furthermore, it could be that stress only influences attention to alternative partners in males and not females. This study also provides further evidence that stress does have an influence on one's mood and health. These findings are important as stress has a negative impact on our general health and our health is a great concern in our everyday lives. These findings may be important to clinicians and therapists as poor general health in a patient may be explained by stress in their everyday lives or in their dating relationship. Further research should be conducted in this area to investigate specifically how RISC and different types of stress influence relationship outcomes in dating relationships and marriage.

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Appendix A

Please think about all academic events and work stress that you have had in the past month. Think thoroughly and thoughtfully, please write it all down on the paper in front of you. Now, please list all your upcoming tasks and assignments that you have in the upcoming month.

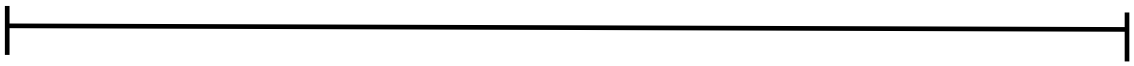
Appendix B

Please list out all the items in your bedroom. Now please write about the appearance of your bedroom and where all the items are within your bedroom.

Appendix C

Stress Thermometer

How stressed do you currently feel?



Not at all stressed Very stressed

Appendix D

Relational Interdependent Self-Construal Scale

Please indicate the extent to which you agree or disagree with each of these statements, where 1=strongly disagree and 7=strongly agree.

1. My close relationships are an important reflection of who I am
2. When I feel very close to someone, it often feels like that person is an important part of who I am.
3. I usually have a strong sense of pride when someone close to me has an important accomplishment.
4. I think one of the most important parts of who I am can be captured by looking at my close friends and understanding who they are.
5. When I think of myself, I often think of my close friends or family also.
6. If a person hurts someone close to me, I feel personally hurt as well.
7. In general, my close relationships are an important part of my self-image.
8. Overall, my close relationships have very little to do with how I feel about myself.
9. My close relationships are unimportant to my sense of what kind of person I am.
10. My sense of pride comes from knowing who I have as close friends.
11. When I establish a close relationship with someone, I usually develop a strong sense of identification with that person.

Appendix E

Multidimensional Scale of Perceived Support (Zimet et al., 1988)

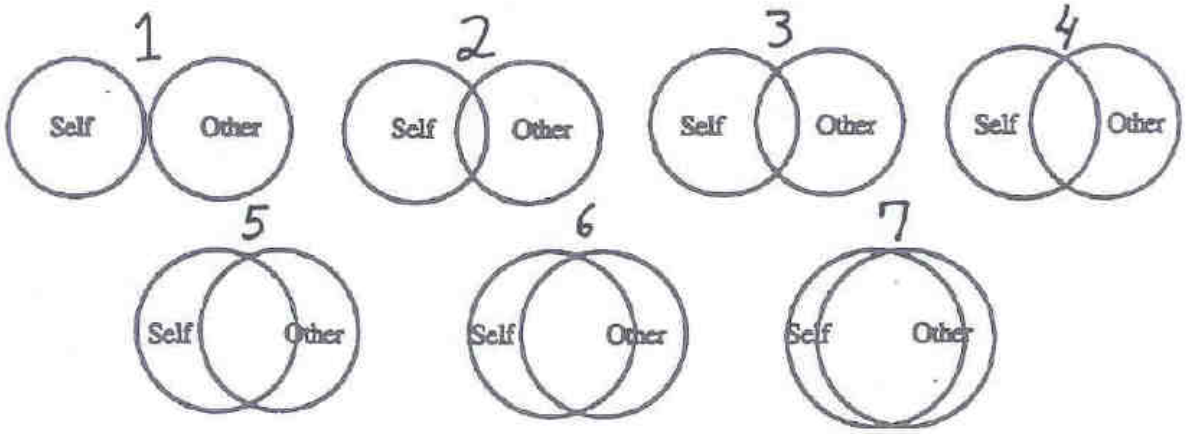
Please rate the following items on a scale of 1 being “strongly disagree” and 7 being “strongly agree”:

1. There is a special person who is around when I am in need.
2. There is a special person with whom I can share my joys and sorrows.
3. My family really tries to help me.
4. I get the emotional help and support I need from my family.
5. I have a special person who is a real source of comfort to me.
6. My friends really try to help me.
7. I can count on my friends when things go wrong.
8. I can talk about my problems with my family.
9. I have friends with whom I can share my joys and sorrows.
10. There is a special person in my life who cares about my feelings.
11. My family is willing to help me make decisions.
12. I can talk about my problems with my friends.

Appendix F

Inclusion of Self in Others Scale

Please pick the picture that best describes your relationship with your partner:



Appendix G

Trait Self-esteem Scale

Rosenberg's (1965) Trait Self-esteem Scale

For each of the following statements, please circle the number that best reflects your agreement with the statement.

I feel that I'm a person of worth, at least on an equal plane with others.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I feel that I have a number of good qualities.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
All in all, I am inclined to feel that I am a failure.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I am able to do things as well as most other people.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I feel I do not have much to be proud of.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I take a positive attitude toward myself.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree

On the whole, I am satisfied with myself.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I wish I could have more respect for myself.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
I certainly feel useless at times.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree
At times I think I am no good at all.	1 Strongly Agree	2 Agree	3 Disagree	4 Strongly Disagree

Appendix H

Perceived Stress Scale[1] (Cohen, S., Kamarck, T., Mermelstein, R., 1983)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling *how often* you felt or thought a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. In the last month, how often have you been upset
because of something that happened unexpectedly?..... 0 1 2 3 4

2. In the last month, how often have you felt that you were unable
to control the important things in your life?..... 0 1 2 3 4

3. In the last month, how often have you felt nervous and "stressed"? 0 1 2 3 4

4. In the last month, how often have you felt confident about your ability
to handle your personal problems?..... 0 1 2 3 4

5. In the last month, how often have you felt that things
were going your way?..... 0 1 2 3 4

6. In the last month, how often have you found that you could not cope
with all the things that you had to do? 0 1 2 3 4

7. In the last month, how often have you been able

---

[1] Questions 4, 5, 7, 8 are reverse scored

to control irritations in your life?..... 0 1 2 3 4

8. In the last month, how often have you felt that you were on top of things?..... 0 1 2 3 4

9. In the last month, how often have you been angered

because of things that were outside of your control? 0 1 2 3 4

10. In the last month, how often have you felt difficulties

were piling up so high that you could not overcome them?..... 0 1 2 3 4

These questions were modified for this study to test the current and upcoming stress. The questions in this scale ask you about your feelings and thoughts currently[2]. In each case, you will be asked to indicate by circling *how much* you feel or think a certain way.

0 = Never 1 = Almost Never 2 = Sometimes 3 = Fairly Often 4 = Very Often

1. I am upset at all the work I have in the next month 0 1 2 3 4

2. I feel as though I will not be able to control other things in my life in the next month..... 0 1 2 3 4

3. I feel nervous and "stressed" about the upcoming month 0 1 2 3 4

4. I feel confident about my ability to handle person problems in the upcoming month ...0 1 2 3 4

5. I think the next month things will be going my way..... 0 1 2 3 4

6. I may not be able cope with everything I have in the upcoming..... 0 1 2 3 4

---

[2] Questions 4, 5, and 7 are reverse scored

7. I think I will be on top of things in the upcoming month.....0 1 2 3 4

8. I think things are piling up so high I may not be able to overcome them in the next month.. 0 1 2 3 4

Appendix I

Positive and Negative Affect (Watson et al., 1988)

This scale consists of a number of words and phrases that describe different feelings and emotions. Read each item and then mark the appropriate answer in the space next to that word. Indicate t o what extent you have felt this way during the past few weeks.

Use the following scale to record your answers:

1	2	3	4	5
very slightly	a little	moderately	quite a bit	extremely or not at all

General Dimension Scales

Negative Affect (10): afraid, scared, nervous, jittery, irritable, hostile, guilty, ashamed, upset, distressed

Positive Affect (10): active, alert, attentive, determined, enthusiastic, excited, inspired, interested, proud, strong

Appendix J

General Health Questionnaire[3] (Goldberg and Hillier 1979)

Have you recently:

(1-Not at all 2- no more than usual 3- rather more than usual 4-much more than usual)

1. Been feeling perfectly well and in good health?

2. Been feeling in need of a good tonic?

3. Been feeling run down and out of sorts?

4. Felt that you are ill?

5. Been getting any pains in your head?

6. Been getting a feeling of tightness or pressure in your head?

7. Been having hot or cold spells?

8. Lost much sleep over worry?

9. Had difficulty in staying asleep once you are off?

10. Felt constantly under strain?

11. Been getting edgy and bad-tempered?

12. Been getting scared or panicky for no good reason?

13. Found everything getting on top of you?

14. Been feeling nervous and strung-up all the time?

---

[3] Questions 1, 15, 17, 18, 19, 20, 21 are reverse scored

15. Been managing to keep yourself busy and occupied?

16. Been taking longer over the things you do?

17. Felt on the whole you were doing things well?

18. Been satisfied with the way you've carried out your task?

19. Felt that you are playing a useful part in things?

20. Felt capable of making decisions about things?

21. Been able to enjoy your normal day-to-day activities?

22. Been thinking of yourself as a worthless person?

23. Felt that life is entirely hopeless?

24. Felt that life isn't worth living?

25. Thought of the possibility that you might make away with yourself?

26. Found at times you couldn't do anything because your nerves were too bad?

27. Found yourself wishing you were dead and away from it all?

28. Found that the idea of taking your own life kept coming into your mind?

Appendix K

Relationship Assessment Scale[4] (Hendrick, 1988)

(1 = not well, none 7 = very well, always, a lot).

1. How well does your partner meet your needs?
2. In general, how satisfied are you with your relationship?
3. How good is your relationship compared to most?
4. How often do you wish you hadn't gotten into this relationship?
5. To what extent has your relationship met your original expectations?
6. How much do you love your partner?
7. How many problems are there in your relationship?

---

[4] Questions 4 and 7 are reverse scored

Appendix L

Facets of Attention to Alternatives (Miller, 2010)

Factor 1: Active prowling

1. I'm always looking for new romantic partners even when I'm already in a relationship.
2. When I go out without my partner, I usually pretend that I am single.
3. I visit singles websites without my partner's knowledge.
4. I sometimes pretend to be single when I'm already dating someone.
5. I'm always on the prowl for an exciting new relationship.
6. I often have lunch or coffee with someone else without telling my current partner.
7. I sometimes browse the ads on Internet dating sites even when I'm already in a relationship.
8. If my relationship were to end, I know who my next partner would be.
9. I never pass up a chance to meet attractive new partners.
10. Even when I have a partner, I like to keep my options open.
11. I like to be aware of whom I could date other than my current partner.
12. I always like to have a backup partner available.

Factor 2: Passive awareness

1. There is no harm in looking at hot people of the opposite sex when they walk by.
2. I always notice attractive people of the other sex at social gatherings.
3. I see no harm in appreciating good looks in members of the opposite sex.
4. I can't help but notice when attractive members of the opposite sex are around.
5. When attractive people of the opposite sex walk by, they grab my attention.

6. I believe it's okay to look as long as I don't touch.

7. I do not think it is wrong to notice attractive members of the opposite sex.

8. It is human to notice attractive members of the opposite sex.

9. Good-looking people of the opposite sex always catch my attention.

Factor 3: Willful disinterest

1. I cannot imagine myself with anyone other than my current partner.

2. Even when my partner and I disagree, I still cannot imagine being with anyone else.

3. There's no point in looking around because I will never find someone better than my current partner.

4. I try not to think of anyone but my partner in a romantic way.

5. When I'm in a relationship, other possible partners do not interest me.

6. My partner has my undivided attention.

7. I think about my partner too much to notice other members of the opposite sex.

8. When I'm dating someone, I don=t check out other people.

Table 1

Cronbach Alphas for Variables Used in the Study

Scale	Number of items	Cronbach alphas
RISC	11	.87
Perceived support scale	12	.82
Self esteem	10	.93
Perceived stress scale past	10	.88
Perceived stress scale current	8	.87
General health questionnaire	28	.90
PANAS negative affect	10	.83
PANAS positive affect	10	.88
Relationship assessment scale	7	.81

Note. RISC is Relational Interdependent Self-Construal Scale. PANAS refers to the Positive and Negative Affect Scale

Table 2
Pearson Correlations Amongst all Variables

	Item																		
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19
1 condition																			
2 RTfemales	-.02																		
3 RTmales	-.04	.86**																	
4 RTobjects	-.03	.84**	.86**																
5 IOS	-.05	-.02	.01	-.00															
6 Stress difference	.11	-.03	-.06	-.06	-.05														
7 MPOSAff	.08	-.01	.05	.06	-.06	.08													
8 MNEGAff	.04	.03	.07	.08	.04	.17*	-.34**												
9 MRAS	-.06	.01	.02	-.02	.32**	-.02	.21**	-.28**											
10 MPS	-.04	-.01	.02	.01	.03	-.02	.14**	-.11	.25**										
11 mSE	-.07	-.01	-.02	-.03	-.15*	.13	.16**	-.28**	-.20**	-.12									
12 MRISCP	.09	-.03	-.01	-.02	.15*	.02	.21**	-.09	.16*	.33**	-.07								
13 MPSS	.03	.13	.04	.10	-.06	.11	-.51*	.69**	-.28**	-.04	.32**	.01							
14 MPSSC	.04	.08	-.01	.02	-.04	.21**	-.45**	.60**	-.25**	-.07	.38**	.12	.72**						
15 MGH	.07	.15*	.07	.09	-.10	.12	-.50**	.74**	-.26**	-.10	.28**	-.08	.75**	.68**					
16 MANX	.09	.09	.05	.09	-.12	.17*	-.26**	.90**	-.21**	-.05	.29**	.10	.64**	.59**	.69**				
17 MAP	.05	-.02	-.01	.01	-.14	-.01	-.00	.80	-.46**	-.20**	.01	-.12	.07	-.03	.13	.02			
18 MWD	-.03	-.02	.04	-.04	.26**	-.17*	.00	-.06	.45**	.17*	-.13	.15*	-.04	-.04	.01	-.04	-.32**		
19 MPA	-.00	.03	.04	.10	-.09	-.13	-.06	.10	-.29**	.00	.09	-.08	.00	.01	.03	.06	.31**	-.36**	
Mean		77547.06	75940.87	76846.47	5.61	0.31	2.89	2.85	6.04	6.08	2.07	5.13	2.75	2.52	1.91	2.47	1.41	5.26	4.48
STD		40207.53	38586.55	40598.53	1.34	13.44	0.42	0.44	0.85	0.71	0.61	0.78	0.68	0.68	0.44	0.81	0.74	1.36	1.49

Note: Condition refers to whether participants were placed in the stress or non-stress condition. RTfemales is the reaction time to female photos in milliseconds. RTmales is the reaction time to male photos in milliseconds. RTobjects is the reaction time to object photos in milliseconds. IOS is the inclusion of self in other scale, Stress difference is the stress before the stress manipulation subtracted from the stress after the manipulation, MPOSAff is the mean score of the positive words on the Positive and Negative

Affect Scale, MNEGAff is the mean score of the negative words on the Positive and Negative Affect Scale, MRAS is the mean score of Relationship Satisfaction on the Relationship Assessment Scale, MPS is the mean score of Perceived Support on the Multidimensional Perceived Support Scale, mSE is the mean score of self-esteem on the Trait Self-Esteem Scale; MRISCP is the mean score of Relational Interdependent Self-Construal, MPSS is the mean score of perceived stress in the past month, MPSSC is the mean score of current perceived stress, MGH is the mean score of general health, MANX is the mean score for anxiety, MAP is the mean score for the active prowling component of attention to alternative partners, MWD is the mean score for the wilful disinterest component of attention to alternative partners, MPA is the mean score for the passive awareness component of attention to alternative partners.

* $p < .05$, ** $p < .01$

Table 3

Hierarchical Multiple Regression Analysis Predicting Relationship Satisfaction

	Block 1 β	R^2	Block 2 β	ΔR^2	Total R^2
Satisfaction		.031*		.002	0.033
Intercept					
Condition	-.073		-.073		
CRISC	.167*		.128		
RISC x Cond			.056		

Note. CRISC is the centered score of RISC. RISC x Cond is the interaction of RISC by condition (either the stress condition or the non-stress condition).
* $p < .05$

Table 4

Hierarchical Multiple Regression Analyses Predicting Attention to Alternatives: Passive Awareness, Active Prowling, and Wilful Disinterest

	Block 1		Block 2		
	β	R^2	β	ΔR^2	Total R^2
Passive Awareness		.006		.001	.007
Intercept					
Condition	.004		.003		
CRISC	-.077		-.110		
RISC x Cond			.047		
Active Prowling		.018		.000	.019
Intercept			1.364		
Condition	.059		.059		
CRISC	-.127[a]		-.149		
RISC x Cond			.031		
Wilful Disinterest		.024		.002	.026
Intercept					
Condition	-.044		-.044		
CRISC	.153*		.114		
RISC x Cond			.055		

Note. CRISC is the centered score of RISC. RISC x Cond is the interaction of RISC and condition (either the stress condition or the non-stress condition)
[a] $p < .08$, * $p < .05$

Table 5

Hierarchical Regressions Analyses Predicting Attention to Alternatives Using Reaction Times (in Milliseconds)

	Block 1		Block 2		
	β	R^2	β	ΔR^2	Total R^2
Reaction Times- Male pictures, female participants		.000		.001	.001
Intercept					
Condition	-.001		.000		
CRISC	.001		.033		
RISC x Cond			-.046		
Reaction Times- Female pictures, female participants		.009		.000	.009
Intercept					
Condition	.097		.097		
CRISC	-.011		.005		
RISC x Cond			-.023		
Reaction Times- Male pictures, male participants		.010		.050*	.064
Intercept					
Condition	-.095		-.099		
CRISC	-.029		.219		
RISC x Cond			-.339*		
Reaction Times- Female pictures, male participants		.027		.058*	.084
Intercept					
Condition	-.144		-.148		
CRISC	-.071		.186		
RISC x Cond			-.351*		

Note. CRISC is the centered score of RISC. This is created by taking the mean score of RISC and subtracting it from the participant's RISC score. RISC x Cond is the interaction of RISC by condition (either the stress condition or the non-stress condition).
* $p < .05$

Table 6

Bootstrapping Analyses to Determine if Social Support Mediated the RISC by Stress Effects

		Percentile 95% CI		BC 95% CI		BCa 95% CI	
	Point Estimate	Lower	Upper	Lower	Upper	Lower	Upper
Reaction Times - RISC as the Predictor							
Male Participants: Female Photos							
MPS	4569.09	-3557.37	9539.73	-3161.22	10241.45	-3046.73	10378.0
Male Participants: Male Photos							
MPS	3415.24	-3336.00	7357.53	-2836.30	8261.04	-2437.93	8998.18
Female Participants: Female Photos							
MPS	-4212.01	-3805.75	2189.75	-4418.93	1613.56	-4638.95	1490.56
Female Participants: Male Photos							
MPS	-1444.78	-2519.49	2420.56	-2846.44	2100.82	-2860.75	2099.76
Reaction Times - Stress as the Predictor							
Male Participants: Female Photos							
MPS	4569.09	-2739.69	1909.27	-4240.87	861.73	-4183.28	898.922
Male Participants: Male Photos							
MPS	3415.24	-2146.17	1845.41	-3788.47	724.26	-3896.25	675.46
Female Participants: Female Photos							
MPS	-4212.01	-1612.81	4935.11	-993.78	6504.58	-971.17	6653.69
Female Participants: Male Photos							
MPS	-1444.78	-2075.75	3001.06	-1461.88	3762.46	-1522.64	3660.00

Note. 5,000 bootstrap samples. As per Preacher and Hays (2008), because there are multiple independent variables (e.g., RISC and Stress), each of the analyses uses the other independent variable as a covariate. CI is the Confidence Intervals of 95%. BC is the Bias Corrected confidence intervals. BCa is the Bias Corrected and Accelerated confidence intervals. MPS is the Mean score on the Perceived Social Support Scale.

Figure 1. RISC and Reaction Times for Male Participants looking at Female Photographs

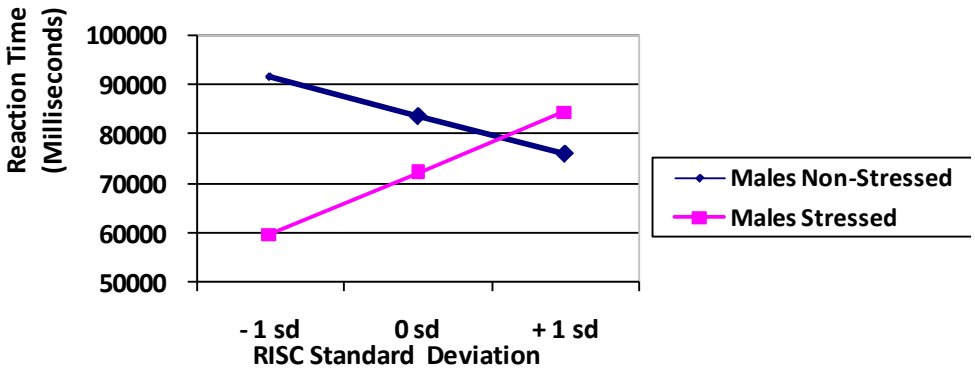


Figure 1. Male participants who are higher in RISC and stressed, look at pictures of the opposite sex for longer than those who are high in RISC and not stressed.

Figure 2. RISC and Reaction Times for Female Participants looking at Male Photographs

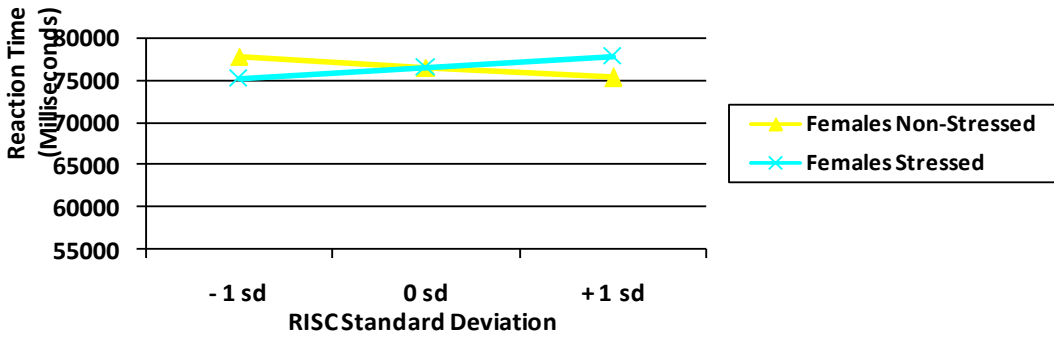
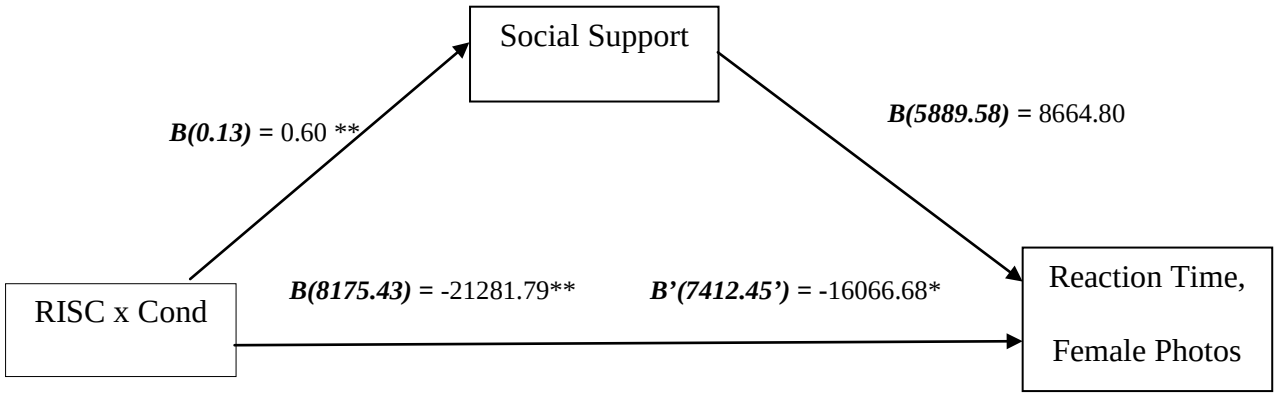


Figure 2. Female participants who are high in RISC and stressed looked at pictures of the opposite sex longer than those individuals who were low in RISC and stressed. However, the differences between participants high in RISC and low in RISC were nonsignificant.

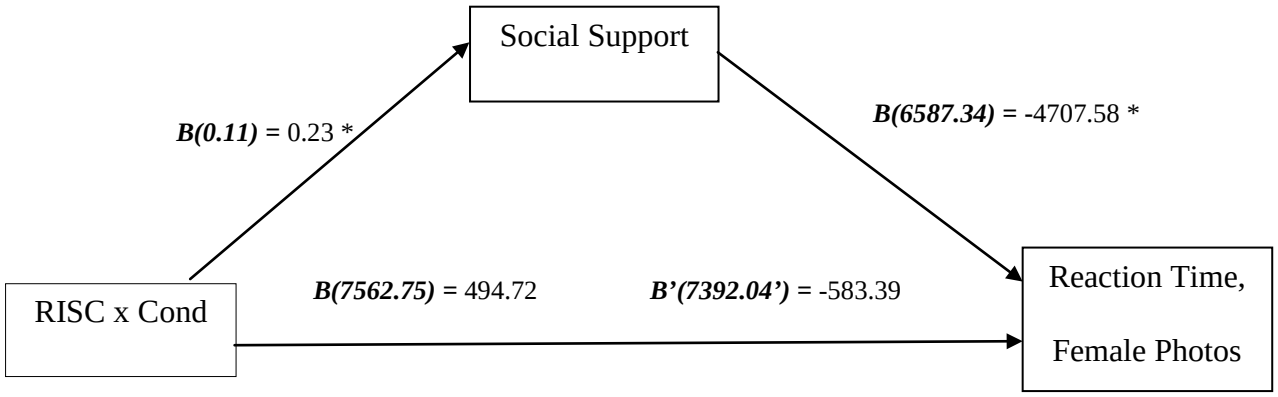
Figure 3. Male Participants: Perceived Social Support as a Mediator of RISC by Stress Condition Effects on Reaction Times to Female Photographs



R^2 = .0693, p = .036

Figure 3. With male participants, social support did not mediate between RISC and attention to alternative females. RISC x Cond is the interaction between Relational Interdependent Self-Construal and condition (stress or non-stress). B(se) = direct effect, B'(se') = direct effect including mediators.
* $p < .05$, ** $p < .01$

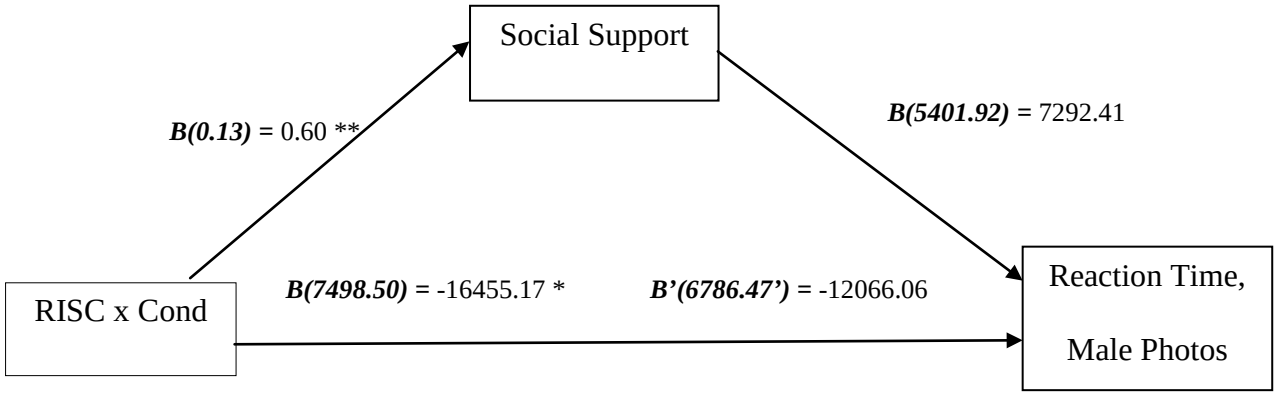
Figure 4. Female Participants: Perceived Social Support as a Mediator of RISC by Stress Condition Effects on Reaction Times to Female Photographs



R^2 = .005, p = .773

Figure 4. With female participants, social support did not mediate between RISC and attention to alternative females. RISC x Cond is the interaction between Relational Interdependent Self-Construal and condition (stress or non-stress). B(se) = direct effect, B'(se') = direct effect including mediators.
* $p < .05$

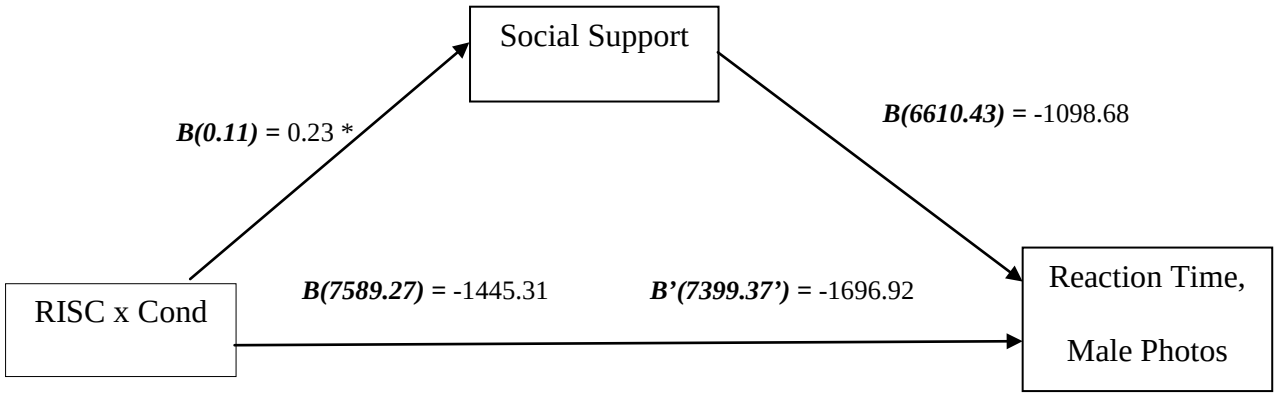
Figure 5. Male Participants: Perceived Social Support as a Mediator of RISC by Stress Condition Effects on Reaction Times to Male Photographs



R^2 = .0511, p = .087

Figure 5. With male participants, social support did not mediate between RISC and attention to alternative males. RISC x Cond is the interaction between Relational Interdependent Self-Construal and condition (stress or non-stress). B(se) = direct effect, B'(se') = direct effect including mediators.
* $p < .05$, ** $p < .01$

Figure 6. Female Participants: Perceived Social Support as a Mediator of RISC by Stress Condition Effects on Reaction Times to Male Photographs



R^2 = .001, p = .961

Figure 6. With female participants, social support did not mediate between RISC and attention to alternative males. RISC x Cond is the interaction between Relational Interdependent Self-Construal and condition (stress or non-stress). B(se) = direct effect, B'(se') = direct effect including mediators.
* $p < .05$