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When Goal Sharing Produces Support That Is Not Caring

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## Abstract

Four studies used experimental and correlational methods to investigate the effect of a “partner-achievement goal,” or a personal goal for a relationship partner’s successful achievement. This goal led support providers to offer unhelpful support about how to play a computer game (Study 1). It also predicted poor achievement for dieting support recipients (Study 2). The effects of partner-achievement goals were moderated by recipient expectations of success and mediated by recipient effort. Recipients with low expectations of their own success requested that their provider partners with partner –achievement goals refrain from offering them support (Study 3); they also invested less time studying Latin grammar and learned fewer Latin words over one week (Study 4). Together, these findings highlight the unique behavioral consequences of partner achievement goals for both members of a relationship.

Keywords: goals, relationships, social support, achievement, partners

## When Goal Sharing Produces Support That Is Not Caring

Goal achievement is generally considered an individual phenomenon. People set themselves goals and may or may not eventually achieve them. However, goal pursuit does not occur in a vacuum; research finds that friends, family members, and relationship partners can influence the success of individuals' goal pursuit. One way in which they do so is by offering support, which can facilitate recipients' progress toward their own goals (Kumashiro, Rusbult, Wolf, & Estrada, 2006). Support providers can make recipients see their own goals as more desirable (Shah, 2003b) or more attainable (Feeney, 2004; Shah, 2003b) and can spur recipients to persist in their goal pursuit (Shah, 2003a). However, research in this area has generally considered only the goal of the recipient. Support providers have their own goals, which may affect the way they offer support and may in turn have different effects on recipients' achievement. In the present research, we investigated these questions with regard to a particular provider goal, a goal for the partner's achievement (e.g., I want my partner to become a lawyer, get a promotion, or resolve a problem).

### **Consequences of Social Support**

Although integration in a social network enables people to adjust to difficulty and cope with stress (Cohen & Wills, 1985; Taylor, 2007), there is a growing literature that suggests that actual help or support from others is often associated with worse rather than better emotional outcomes for the recipient (see Shrout et al., 2010). Receiving help on an ego-relevant task (i.e., one that reflected intelligence and creativity rather than luck and momentary mood) led to negative affect and poor self-evaluations, especially if the help came from a good friend rather than a stranger (Nadler, Fisher, & Itzhak, 1983). Explicit support from a confederate as one prepared for a speech created anxiety for support recipients (Bolger & Amarel, 2007), and help from a member of a high-status outgroup increased recipients' negative affect (Nadler & Halabi, 2006). In a diary study of romantic relationships, partners

who received support increased in stress, anxiety, and depressed mood (Bolger, Zuckerman, & Kessler, 2000). On the other hand, support receipt can engender relationship closeness (e.g., Acitelli & Antonucci, 1994; Gable, Gonzaga, & Strachman, 2006; Hagedoorn et al., 2000). If relationship equity is maintained by reciprocating support receipt with support provision, then support receipt is less associated with negative mood (Gleason, Iida, Shrout, & Bolger, 2008).

### **Provider Goals for Support Provision**

Recently, researchers have begun to consider how the emotional and relational effects of support may vary depending on the goal of the support provider. For example, first-semester college students who reported holding compassionate goals, or a desire to offer support out of genuine care for others, developed closer relationships, feelings of connection, and trust with others over the course of the semester (Crocker & Canevello, 2008). However, these findings were attenuated if students also reported holding self-image goals or offering support to be perceived well by others. Moreover, those who held strong self-image goals were lonelier and experienced more conflict with others over the semester (Crocker & Canevello, 2008).

In another investigation, members of romantic relationships who were motivated to help their partners because they felt love and enjoyed helping gave support that was more responsive to the recipient's needs and was less controlling in helping the recipient solve problems (Feeney & Collins, 2003). On the other hand, members of romantic relationships who were motivated to help their partners because they anticipated some benefit, felt obligated to do so, or felt that the recipient needed it gave support that was less responsive and more controlling. In turn, responsive caregiving predicted more relationship satisfaction for both provider and recipient, whereas controlling caregiving predicted more conflict in the

relationship (Feeney & Collins, 2003). In sum, then, provider goals influence the type of support that is proffered as well as its emotional and relational effects.

### **Partner-Achievement Goals**

The goal to have another individual attain a particular achievement (hereafter abbreviated as a partner-achievement goal) has not been examined much in the literature to date.<sup>1</sup> However, there are several reasons why a relationship member might adopt such a goal. He or she might have made personal sacrifices to advance the partner's pursuit, leading to personal investment in the achievement goal. Sunk costs can engender commitment to a pursued outcome (Garland & Newport, 1991), even if the outcome is being pursued only vicariously through another individual. For example, parents who have spent money to put their children through professional school may be committed to seeing a successful graduation day. Likewise, a partner's achievement may convey some benefit to the provider. Friends of a dieter may anticipate the improved social status that comes from affiliating with a slim rather than overweight individual (Hebl & Mannix, 2003; Penny & Haddock, 2007). Or husbands and wives of aspiring performers might look forward to sharing in future fame and fortune. Merely by virtue of being in a close relationship, one might take on a personal commitment to the goals of a partner (e.g., Aron et al., 2004). For these and other reasons, one partner may take on a personal goal related to his or her partner's achievement.

Notably, we distinguish partner-achievement goals from a related aim, making one's partner happy. Although an individual's achievement may be celebrated by a caring partner because it makes the achieving individual happy, this is not the paradigm we chose to investigate. Instead, we were interested in when the achievement of one partner, in and of itself, comprises a goal of the second.

### **Recipient Achievement**

As outlined above, research to date has largely considered the effect of different provider goals on the provider's and recipient's emotions and the quality of their relationship, rather than on the goal achievement of the recipient. This question is particularly interesting because one could imagine that support may have divergent effects on achievement versus emotions. Feeney and Collins (2003) reported that providers who offered support out of self-interest did so in a way that was more controlling, such as directing recipients in how to find solutions to their problems. Although this type of support predicted low relationship satisfaction, it might be effective at actually solving problems. That is, emotional and relational detriments could conceivably be accompanied by practical benefits in the form of goal attainment for recipients.

However, this might not be the case, especially if support stems from partner-achievement goals. Such goals could lead providers to try to help even when they are not particularly qualified to do so, which tends to be counterproductive. Tracey and Young (2002) found that when children read aloud, high school-educated mothers made more error corrections and comments, whereas college-educated mothers asked more critical-thinking questions. The authors interpreted their findings as suggesting that lower maternal education level hindered mothers from tempering their responses and would hamper long-term achievement for their children. In line with these ideas, several studies of intimate relationships found that instrumental support was welcomed only when the provider had relevant resources or expertise that the recipient lacked (Cutrona, 1996). Refraining from offering help is sometimes the most helpful thing to do: Overweight women lost more weight when their husbands were instructed to detach themselves from their wives' weight-reduction efforts than when their husbands were given no specific instruction (and, presumably, provided counterproductive help; Pearce, LeBow, & Orchard, 1981).

Likewise, support receipt is often interpreted as a sign that individuals are incompetent or are having trouble coping on their own (Fisher, Nadler, & Whitcher-Alagna, 1982). Accordingly, support receipt may create or reinforce low expectations of success and make recipients' goal pursuit ineffective. In one study, the receipt of unwanted advice led patients recovering from knee surgery to have lower expectations about their recovery, which translated in turn to more limited knee movement 3 months after surgery (Khan et al., 2009). Support receipt may also prompt disengagement when it is interpreted as an effort at control by a partner. The mere endorsement of a goal by a controlling significant other can lead people to reject that goal and pursue a directly competing one instead, and recent research indicates that this reactance behavior manifests itself even outside of awareness (Chartrand, Dalton, & Fitzsimons, 2007). Indeed, support that incorporates pressure tactics (e.g., guilt induction, ridicule) can lead to reactance regardless of the quality of the relationship within which it occurs (Lessard, Greenberger, & Chen, 2010). By creating or reinforcing low expectations of success, or by stimulating reactance, ineffective support should lead recipients to disengage from their goal pursuit and withdraw effort over time, leading to poor achievement.

In sum, research has identified several reasons why support receipt may be disadvantageous to achievement: It can be distracting, may diminish positive self-perceptions, and might spur disengagement. Research also suggests that this type of ineffective support is more likely to come from providers who have selfish rather than caring reasons for offering support. We speculated that partner-achievement goals would serve as such a reason. Even if these goals arise from the most unselfish of motives (e.g., treating a close partner's concerns as one's own; Aron et al., 2004), once they have been adopted, they might become a relatively egotistic reason for providing support. Pursuing partner-achievement goals, support providers might be blinded to indications that their help is not



beneficial or might not respond to such indications by refraining from support provision. They should act in relatively controlling ways and might in turn provoke disengagement in support recipients. Accordingly, we hypothesized that partner-achievement goals would lead to unconstructive support and would translate into poor recipient achievement.

### **The Present Research**

We tested our hypothesis in four studies. In two studies (Studies 1, 4) we employed experimental designs to amass evidence about the causal effect of partner-achievement goals on support provision and recipient achievement. Because an innocuous experimental goal manipulation might not be enough to affect the dynamics of established relationship partners, we conducted the experiments with members of arbitrary student dyads. In two other studies (Studies 2, 3), we checked whether the hypothesis also held in established relationships. In these studies, rather than manipulating partner-achievement goals, we examined participants' reports about the everyday goals of their family members, friends, or intimate relationship partners and how these related to participants' desired goal achievements.

The experimental design of Study 1 allowed us to test the effect of partner-achievement goals on support provision. Members of arbitrary student dyads were assigned a partner achievement goal or a control goal during a 10-minute interaction, and their conversations were subsequently coded for controlling and responsive forms of support. Study 2 examined the relation of provider partner-achievement goals to recipient achievement over time. We surveyed dieters who were in romantic relationships and asked them to indicate the extent to which their partner held such a goal. Two weeks later, the dieters reported how their weight had changed.

Studies 3 and 4 asked whether the effects of partner achievement goals might be exacerbated when recipients' expectations of success were low, or ameliorated when they were high. In Study 3, we observed whether student participants asked a relationship partner

to refrain from helping them as they pursued an important goal; we expected participants to be most likely to make such a request when their expectation of successful achievement was low and their partner had a partner-achievement goal. Finally, Study 4 was an experiment that studied the effect of manipulated partner-achievement goals on a proposed underlying mechanism, recipient effort. The provider member of an arbitrary student dyad was given a partner-achievement (or control) goal, and the recipient member's success at learning Latin words over a 1-week period was tested. We also recorded the recipient's study time over the course of the week and tested whether this indicator of effort mediated the effect of provider partner-achievement goals on recipient achievement.

### **Study 1: Support Provision**

The first study tested whether having a partner-achievement goal would affect the type of support that individuals offered. To increase the chance of observing an effect of a goal manipulation above and beyond differences in how relationship partners typically communicate, we created dyads by matching participants who did not previously know each other. In half of the dyads, one member was given a partner-achievement goal (i.e., for their partner to score as many points as possible on a computer game that neither participant knew how to play). We hypothesized that this goal would lead support providers to offer more of a particular type of support, unsolicited directive comments. Such support is not likely to be helpful, given that providers have no more experience or knowledge than recipients, but the partner-achievement goal should result in more such support being proffered. To establish that the effect of the partner achievement goal is specific to this type of controlling, unhelpful support, we also observed a second type of support, responsive directive comments (i.e., advice offered in response to a request for help), which was not expected to differ by condition.

### **Method**

**Participants.** In partial fulfillment of a course requirement, 98 (65 female, 33 male) undergraduate students participated. Participants were paired in 49 dyads, of which 23 had two female partners, 19 had one female and one male partner, and 7 had two male partners.<sup>2</sup> Members of 2 dyads knew each other by sight; members of other dyads had not met before.

**Procedure.** Participants were told that the study concerned how partners interact while working on an unfamiliar task and that they would take turns playing a computer game. They completed an initial questionnaire before being assigned a goal that they were asked not to tell their partner.<sup>3</sup> The dyad member randomly assigned to be the support “recipient” received instructions assigning the goal to score as many points as possible when playing a computer game. The other dyad member, the support “provider,” either received an identical goal (control condition) or received the goal for the recipient to score as many points as possible during his or her turn (partner-achievement goal condition). Moreover, participants were told, “Your performance will be evaluated based on how many points [you personally score/your partner scores], so you should try hard to reach your goal.”

Participants were subsequently introduced and were told that one of them (always the recipient) would be first to play a computer game for 10 minutes, during which time an audio recording would be made. Both participants were seated in a soundproof computer booth, and for 10 minutes the recipient played a challenging computer game called “Overload” ([www.astatix.com/overload](http://www.astatix.com/overload)) in which one competes against the computer to take over a board via strategic placement of pieces. Neither participant was given information about effective strategies for the game.

The dyad interactions were subsequently transcribed and coded by raters who were blind to study design and hypothesis. Two forms of provider support were coded: unsolicited directive comments in which the partner told the player what to do without being asked (e.g., “You should get all the corners” or “Try clicking on a different square and see what that

does”) and responsive directive comments in which the partner suggested something for the player to do after being asked for his or her advice (e.g., “Yeah, try that” in response to “Do you think I should take over the corners?”). Two raters independently coded 15 interactions; as reliability on these interactions was high ( $r = .96$ ), one rater coded the remaining interactions.

## **Results**

Provider unsolicited directive comments ranged from 0 to 41 ( $M = 6.51$ ,  $SD = 7.09$ ), and provider responsive directive comments ranged from 0 to 11 ( $M = 1.27$ ,  $SD = 2.22$ ). As hypothesized, providers in the partner-achievement goal condition offered more unsolicited directive comments ( $M = 9.35$ ,  $SD = 8.93$ ) than providers in the control condition ( $M = 4.00$ ,  $SD = 3.51$ ),  $t(27.962) = 2.69$ ,  $p = .01$ .<sup>4</sup> Also as hypothesized, providers in the partner-achievement goal condition ( $M = 1.70$ ,  $SD = 2.91$ ) and control condition ( $M = 0.88$ ,  $SD = 1.31$ ) did not differ in their responsive directive comments,  $t(29.688) = 1.23$ ,  $p = .23$ .

## **Discussion**

Participants who had the goal for their assigned partner to score as many points as possible gave their partner more support in the form of unsolicited directive suggestions, even though they had no better knowledge about how to score points than recipients did. Indeed, the provider goal manipulation affected this unhelpful form of support specifically; providers in the two goal conditions did not differ in their supportive responses to requests for help. Research suggests that controlling support from providers who lack expertise can be detrimental for achievement (Pearce et al., 1981; Tracey & Young, 2002). However, such support should impair achievement in part by prompting participants to disengage from their goal pursuit, which was not a highly viable option for recipient participants playing the 10-minute computer game in Study 1. Thus, we next tested whether partner-achievement goals would predict poor achievement for recipients at a goal where disengagement is highly viable

and where low effort should impair achievement. In addition, we extended our investigation of partner achievement goal effects to members of romantic relationships to ensure that these effects did not emerge only among experimentally created student dyads.

### **Study 2: Recipient Achievement**

Study 2 examined the relation between provider partner-achievement goals and recipient achievement with regard to weight loss. Dieters who were currently in a romantic relationship were asked about their weight loss goal for the upcoming 2 weeks and the extent to which their spouse, boyfriend, or girlfriend was personally committed to this goal (i.e., held a partner-achievement goal). As an indicator of achievement, dieters reported how their weight had changed 2 weeks after completing the initial survey. To ensure that the relation between the partner-achievement goal and recipient achievement was specific to this goal and not to any partner support in general, the dieters were also asked about the extent to which their spouse, boyfriend, or girlfriend was committed to the participant's weight loss because of its importance to the participant (i.e., held a caring goal), and we adjusted for this in analyses.

#### **Method**

**Participants.** Via message board postings, 55 (52 female, 3 male) adults were recruited; they participated in exchange for entry into a gift certificate raffle. Ages ranged from 21 to 61 ( $M = 29$  years,  $SD = 8.96$ ). In all, 18 participants (32.7%) were married, and 37 (67.3%) were in a committed relationship.

**Procedure.** Participants were invited to complete an online survey about weight loss goals and experiences with a partner. In the initial portion of the survey, participants were first asked to report their current weight (ranged from 97 to 309 pounds;  $M = 177.27$ ,  $SD = 50.02$ ). Then they were asked, "Think of your weight loss goal for the next 2 weeks. Ideally, how many pounds would you like to lose?" To assess their partners' goals, participants were

asked to indicate their agreement with two statements. Partner-achievement goals were indicated by agreement with the statement, “He or she has the goal for me to lose weight because it is personally important to him/her.” We also assessed caring goals (see Feeney & Collins, 2003) by agreement with the statement, “He or she has the goal for me to lose weight because it is personally important to me.” For both items, the response scale was 1 (*not at all*) to 7 (*extremely*). Participants provided their email addresses and were sent a link to the second part of the survey 2 weeks later.

In the second part of the survey, 2 weeks later, recipient goal achievement was assessed by asking participants, “How much weight did you gain or lose in the last 2 weeks?”

## **Results**

Self-reported weight change ranged from -10 pounds to +10 pounds ( $M = -1.02$  pounds,  $SD = 2.93$ ). Partner-achievement goals had a mean of 2.02 ( $SD = 1.50$ ), and caring goals had a mean of 5.04 ( $SD = 1.90$ ). The two types of goals were positively correlated,  $r = .26$ ,  $p = .06$ .

To test the hypothesis that partner-achievement goals would predict poor achievement, we used a regression analysis with weight change as the dependent variable, starting weight and caring goals as covariates entered in Step 1, and partner-achievement goals as the predictor entered in Step 2. As hypothesized, stronger partner-achievement goals predicted less weight lost (actually more weight gained),  $b = 0.54$  (0.27),  $\beta = .28$ ,  $t(51) = 1.98$ ,  $p = .05$ ,  $R^2$  change = 7.0%.

## **Discussion**

Partner-achievement goals not only influence the provision of unhelpful support, as evinced in Study 1, they also predict poor achievement for the recipient. The more that dieters believed that their partners were personally invested in their weight loss, the less weight they actually lost in the subsequent 2-week period. This pattern emerged over and

above a different provider goal: Caring goals for weight loss based on its importance to the dieter herself. This finding suggests that it was the partner-achievement goal, and not any provider goal in general, that impaired recipient achievement. Furthermore, this pattern of results was present in dieting adults who were married or in committed dating relationships, indicating that partner-achievement goals still play a role outside of experimentally created dyads. Given that the partner-achievement goal predicted poor achievement for recipients, we next examined whether the perception of a partner's holding this goal affected recipients' requests for support.

We also considered a potential moderator of the relation between partner-achievement goals and recipient outcomes. Presumably, partner-achievement goals predict poor recipient achievement because they lead providers to offer obtrusive, controlling forms of support, as demonstrated in Study 1. This type of support might be particularly detrimental to the achievement of individuals who are not confident of their own success.

Support receipt can be interpreted as a sign of inability or incompetence (Fisher et al., 1982), which may create or reinforce low expectations of successful achievement. Indeed, support that is insensitive, critical, or unwanted has been shown to weaken recipients' expectations of successfully meeting their own goals, such as recovering from knee surgery or coping with cancer treatment (Khan et al., 2009; Manne & Glassman, 2000). In turn, low expectations of success dispose people to initiate less effort toward their own goals and not to sustain effort in the face of obstacles and challenges (Bandura, 1977), translating into poor achievement. Although previous research has addressed whether controlling forms of support can lessen expectations, we asked whether such support might be particularly detrimental for recipients who already hold low expectations. These recipients are predisposed to invest insufficient effort; receiving controlling forms of support that imply incompetence should only enhance this tendency. People might be aware of this phenomenon to some degree and

try to avoid or prevent such support for personally important goals where their expectations of success are low. Therefore, in Study 3, we investigated whether recipients with low expectations of success would be especially unlikely to want support from their close partners when those partners had a partner-achievement goal.

### **Study 3: Requests for Support**

Like Study 2, Study 3 was conducted with existing relationship pairs. This time, we examined family and friend relationships as well as romantic relationships. Student participants named one of their own goals to which they believed their partner was personally committed (i.e., had a partner-achievement goal) and one to which they believed the partner was not committed. They also indicated their own expectations of successfully attaining each goal. We then asked participants to write a letter to the partner describing the method of support they would prefer as they pursued one of the two goals. Raters later coded these letters to see whether participants requested that the partner sometimes refrain from offering support. We hypothesized that participants would be more likely to make this request when their partner had a partner-achievement goal and that this tendency would be stronger for participants with lower expectations of success.

#### **Method**

**Participants.** For partial course credit, 75 undergraduate students participated. Gender was not recorded.

**Procedure.** Participants were asked to indicate their relationship status and were told, if married or in a committed relationship, to complete the questionnaire with regard to their spouse or relationship partner ( $n = 19$ ) or, if single or if dating but not in a committed relationship, to complete the questionnaire with regard to their best friend or closest family member ( $n = 56$ ). They were asked to name two goals. First, they identified one for which their partner held a partner-achievement goal, by responding to these instructions:



Name one goal you have that this person is committed to. What is a goal you are currently pursuing or would like to pursue, that is very personally important to this person?

Next, they identified one for which their partner did not hold a partner-achievement goal (i.e., control goal) by responding to these instructions:

Name one goal you have that this person is not committed to. What is a goal you are currently pursuing or would like to pursue, that is not very personally important to this person? (Maybe this goal is important to the person because he or she cares about you, but it is not personally important to him or her.)

For each goal, participants indicated their expectations of success by answering, “How likely is it that you will reach this goal?” on a 1 (*not at all likely*) to 7 (*extremely likely*) scale. Next, they were randomly assigned to write about one of the two goals. Specifically, they were told,

Please write a letter to this person telling them how you would ideally like them to support you in your pursuit of goal [#1/#2] named on the previous page. Describe in as much detail as possible what they could do or say and how they could act in order to help you to reach this goal. There are no right or wrong answers; people like different things at different times. If this person could best support you by leaving you alone, you should say so.

A rater who was blind to study design and hypothesis subsequently coded these letters for whether or not the participant ever asked the letter recipient to “leave me alone,” or to refrain from doing something. For example, participants told their letter recipients, “please don’t make any remarks about my smoking,” “don’t be resentful that I can’t put as much time into my music as you would like,” or “comfort me, but leave me alone when I need to focus.”

Two raters independently coded 10 interactions; as agreement was perfect, one rater coded the remaining interactions.

## **Results**

A total of 30 participants (40%) requested that their letter recipient sometimes leave them alone or refrain from offering support, and 45 (60%) did not. Recipient expectations of success ranged from 3 to 7 ( $M = 5.72$ ,  $SD = 1.14$ ) for participants assigned to write to their

provider about his or her partner-achievement goal, and they ranged from 2 to 7 ( $M = 5.49$ ,  $SD = 1.27$ ) for participants assigned to write to their provider about a control goal. To test the hypothesis that for those participants writing to a provider with a partner-achievement goal lower expectations of success would predict greater likelihood of asking to be left alone, we used a binary logistic regression analysis with request to be left alone (vs. not) as dependent variable, and goal condition (partner-achievement vs. control), expectations of success, and their interaction as predictors. We found a significant interaction effect,  $\chi^2(1) = 3.97$ ,  $p < .05$ , which is depicted in Figure 1.<sup>5</sup> Participants in the partner-achievement goal condition were more likely to ask to be left alone the lower their expectations of success,  $r(34) = -.53$ ,  $b = -1.27$  (0.47),  $\chi^2(1) = 7.34$ ,  $p < .01$ . However, in the control goal condition, expectations of success were unrelated to requests to be left alone,  $r(37) = -.12$ ,  $b = -0.20$  (0.26),  $\chi^2(1) = 0.55$ ,  $p = .46$ .

To assess whether participants' low expectations of success were associated with a special sensitivity to the provider partner-achievement goal versus control goal, we compared simple effects of the two conditions at low (expectations = 3) and high (expectations = 7) levels of expectations of success. Indeed, recipients with low expectations of success were more likely to ask to be left alone if they were writing to a partner-goal provider than to a control-goal provider,  $\chi^2(1) = 4.72$ ,  $p = .03$ . However, recipients with high expectations of success were as likely to ask to be left alone when they were writing to a partner-goal and to a control-goal provider,  $\chi^2(1) = 1.15$ ,  $p = .28$ .

## **Discussion**

As hypothesized, participants with low expectations of success for a current goal were particularly likely to ask their partners who held partner-achievement goals to refrain from offering help—that is, to sometimes leave them alone. The same was not true when they wrote to partners who did not hold partner-achievement goals. In line with the idea that it is

principally the partner-achievement goal that impairs achievement by prompting unsolicited directive support, lower expectations of success did not dispose individuals to ask to be left alone if their partner did not have a partner-achievement goal.

On the other hand, the higher recipients' expectations of success, the less likely they were to ask their partner-achievement goal providers to leave them alone. Indeed, those with high expectations of success were no more likely to ask such providers to refrain from support than they were to make this request of control-goal providers. These findings suggest that there may be some individuals for whom a partner-achievement goal would not impair success. When expectations of success are high, recipients are unlikely to disengage from their goal pursuit; they may feel so confident of success that they are able to extract benefits from unsolicited directive help rather than interpreting it as a sign of inability or incompetence. For example, such recipients might appreciate and utilize suggestions about how to fit studying into their busy lives rather than becoming reactant or wondering whether the support provider sees them as inept. Accordingly, we speculated that perhaps recipients with high expectations of success would actually benefit from the support proffered by providers with partner-achievement goals. We tested this idea in Study 4.

#### **Study 4: Recipient Effort as a Mediator**

One limitation of Studies 2 and 3 is that partner goals were inferred by recipients' reports rather than being manipulated. Thus, in Study 4 we again used an experimental design to induce partner-achievement goals and measure recipient achievement. After presenting participants with a cover story explaining the benefits of knowing Latin words, we assigned recipients the goal to learn 100 Latin words in one week, and their expectations of successfully doing so were measured. Providers were given a partner-achievement goal or a control goal (analogous to Study 1). We hypothesized that partner-achievement goals would translate into poor achievement in the form of few Latin words learned only when recipients

had low expectations of their own success. For recipients with high expectations, partner-achievement goals might facilitate success in the form of many Latin words learned.

We also tested a mechanism for these effects. We propose that partner-achievement goals, by prompting controlling forms of support, should impair recipient success by reinforcing low expectations and prompting disengagement. That is, recipients with low expectations who are matched with a partner-achievement goal provider should invest less goal-directed effort over the week. Therefore, we surreptitiously recorded how much time participants spent studying Latin words during the week and tested whether this indicator of effort would mediate effects on achievement at the end of the week.

## **Method**

**Participants.** In partial fulfillment of a course requirement, 82 (63 female, 19 male) undergraduate students participated. As in Study 1, participants were paired in 41 arbitrary dyads, of which 24 had two female partners, 13 had one female and one male partner, and 3 had two male partners.

**Procedure.** Participants who were interested in “jump-starting acquisition of a foreign language” were invited to participate in a study on how people acquire language skills and how it may relate to working with a partner. During an initial lab session they read a cover story about how learning even a small amount of Latin would facilitate their progress in learning other languages and should improve scores on tests such as the GRE. Participants were then assigned a goal that they were asked not to tell their partner.<sup>6</sup> The support recipient received the goal to learn 100 Latin words during the week. Just as in Study 1, the support provider either received an identical goal (control condition) or received the goal for the partner to learn 100 Latin words during the week (partner-achievement goal condition). All participants were told that the number of tickets they received for a \$150 drawing to be held at the conclusion of the study would depend on how well they did at their goal (in actuality,

the winner was selected by random draw at the conclusion of the study). Participants reported their expectations of success by responding to the item, “How likely is it that you will reach the goal you’ve been given for this week?” using a 1 (*not at all likely*) to 7 (*extremely likely*) response scale (recipient expectations ranged from 1 to 7;  $M = 4.56$ ,  $SD = 1.25$ ).

Dyad members were subsequently introduced and were told that they would study Latin together for 10 minutes. They were given access to a “Latin Flash Cards” website designed for the purpose of the experiment, which presented one Latin word at a time with five translations. Participants could click on each translation and see whether it was correct. They studied together for 10 minutes by using the website to discuss the translations, coming up with ways to remember them.

At the conclusion of the session participants were given an instruction sheet that reminded them of their assigned goal and the \$150 incentive and told them how they could access the Latin Flash Cards website during the week to study. To do so, participants entered an identification number that could be used to track recipients’ time using the website during the week. Participants were not told that their usage time would be recorded, nor were they told how much they should study during the week (recipient study time ranged from 0 to 190 minutes;  $M = 37.50$  minutes,  $SD = 41.48$ ).

The instruction sheet also asked participants to contact their partner at least once a day and suggested that they might send him or her an email message, have an online chat or study session, or meet to study together. We gave participants an anonymous email address (and provided them with the anonymous email address that had been assigned to their partner) to facilitate communication. We later observed which, if either, partner had initiated contact using the assigned email address; because of computer error, we could not obtain email data for four dyads.

After 1 week, participants returned to be tested on the Latin words. They were given a sheet with 165 Latin words and English definitions and asked to match as many as they could in 20 minutes. The test design meant it was unlikely that any participant would have time to match 100 words (recipients' assigned goal), but it allowed us to compare their relative learning. Only the test scores of recipient participants were analyzed (ranged from 1 to 58 words correct;  $M = 21.10$ ,  $SD = 18.37$ ). Two recipient participants did not return for the second session; analysis of Latin test data includes 39 recipient participants.

Finally, as a subjective measure of the quality of support they had received during the week, participants were asked, "How controlling was your partner, this past week as a whole?" and responded on a 1 (*not at all*) to 5 (*extremely*) scale.

## **Results**

**Support provision.** First, we looked to replicate the findings of Study 1 regarding the differential quality of support proffered by providers in the partner-achievement goal and control conditions. We checked whether providers with a partner-achievement goal were more likely to initiate email contact (i.e., to be the first member of the dyad to email the partner) using the anonymous email address provided. Indeed, more partner-goal providers (37.5%) initiated email contact through this channel than control-goal providers (4.8%),  $\chi^2(1) = 6.35$ ,  $p = .03$ . This finding does not speak to the nature of the contact; however, recipients with a partner-achievement goal provider also reported that during the past week as a whole, their partner was more controlling ( $M = 1.50$ ,  $SD = 0.79$ ) than recipients with a control-goal provider ( $M = 1.05$ ,  $SD = 0.22$ ),  $t(19.250) = 2.37$ ,  $p < .03$ . In line with Study 1, it seems that support from providers with a partner-achievement goal was more controlling and presumably unhelpful than support from control providers. Accordingly, we next examined how the provider goals affected recipient achievement.

**Achievement.** We hypothesized that the effect of partner-achievement goals on recipient achievement would depend on the recipient's expectation of success, such that participants in this condition should learn fewer Latin words the lower their expectations of success. To test this hypothesis, counts of recipient Latin words learned were treated as the dependent variable in a generalized linear model with provider goal condition, recipient expectations of success, and their interaction as predictors. Robust standard errors (Huber, 1967) were used to adjust for the non-normal distribution of the dependent variable. We found a provider condition by recipient expectation interaction effect,  $b = -11.10$  (4.38),  $\chi^2(1) = 6.42$ ,  $p < .02$ , which is depicted in Figure 2a. In the partner-achievement goal condition, lower expectations of success predicted fewer words learned,  $b = 6.46$  (2.64),  $\chi^2(1) = 5.99$ ,  $p < .02$ . In the control condition, expectations were unrelated to achievement,  $b = -4.64$  (3.50),  $\chi^2(1) = 1.76$ ,  $p = .19$ .

We further hypothesized that recipients in the partner-achievement goal condition would learn fewer words than those in the control condition if they had low expectations of success, but might learn more Latin words than those in the control condition if they had high expectations of success. Indeed, recipients with low expectations of success (expectations = 1) learned fewer words with a partner-goal provider than with a control provider,  $\chi^2(1) = 5.41$ ,  $p < .03$ . Recipients with high expectations of success (expectations = 7) learned more words with a partner-goal provider than a control provider,  $\chi^2(1) = 5.63$ ,  $p < .02$ .

**Recipient effort.** We next checked to see if the effect of partner-achievement goals was evident in an indicator of recipient effort, time spent using the Latin Flash Cards website during the week. Website time was analyzed as the dependent variable in a generalized linear model parallel to that predicting Latin words learned. Just as in that analysis, there was a provider condition by recipient expectation interaction,  $\chi^2(1) = 4.36$ ,  $p < .04$ , which is depicted in Figure 2b. In the partner-achievement goal condition, lower expectations of

success predicted less study time,  $b = 10.46$  (5.13),  $\chi^2(1) = 4.15$ ,  $p < .05$ . In the control condition, expectations were unrelated to study time,  $b = -7.56$  (6.94),  $\chi^2(1) = 1.19$ ,  $p = .28$ . Recipients with high expectations spent more time studying if they had a partner-goal provider,  $\chi^2(1) = 5.02$ ,  $p < .03$ , but recipients with low expectations tended to spend less time studying if they had a partner-goal provider,  $\chi^2(1) = 2.66$ ,  $p < .11$ .

**Effort as a mediator of achievement.** Finally, we investigated whether website study time during the week mediated the effect of partner-achievement goals and expectations of success on Latin words learned at the end of the week. Describing the analysis of such a moderated mediation, Muller, Judd, and Yzerbyt (2005) call for predicting the outcome (recipient Latin words learned) with a model that includes the independent variable (provider goal condition), the moderator (recipient expectations), their interaction term, the mediator (recipient website study time), and the moderator–mediator interaction term (recipient expectations  $\times$  recipient website study time). The coefficient for the independent variable–moderator interaction term in this model should be compared to the same coefficient from the model that predicted the outcome with only the independent variable, moderator, and their interaction as predictors.

This analysis yielded a provider condition by recipient expectation interaction effect that was smaller,  $b = -4.84$  (compared to  $b = -11.10$ ) than that in the initial model and was not significant,  $\chi^2(1) = 1.79$ ,  $p > .18$ . Thus, the provider goal by recipient expectations effect on achievement was at least partially mediated by recipients' time spent studying during the week.

## Discussion

Just as in Study 3, the effects of partner-achievement goals depended on recipient expectations of success. This finding emerged even though this time partner-achievement goals were manipulated rather than inferred via recipients' reports. In Study 3, the lower their



expectations of success, the more likely participants were to ask providers with a partner-achievement goal to leave them alone in their goal pursuit. The findings of Study 4 suggest that such requests may have had merit, since being paired with a provider with a partner-achievement goal resulted in poorer achievement than being paired with a control goal provider for recipients with low expectations. Importantly, Study 4 highlights one underlying mechanism: recipient effort. Recipients with low expectations who were matched with a partner-achievement goal provider spent little time studying during the week, presumably reflecting disengagement as a result of aversive controlling support from their partner.

On the other hand, recipients with high expectations of success were apparently able to benefit from the support proffered by partner-achievement goal providers. These recipients learned more Latin words than recipients matched with a control goal provider. Indeed, the relationship between recipient expectations and effort and achievement in the partner-achievement goal condition can be interpreted in terms of success promotion rather than obstruction. The higher the expectations of success for recipients in this condition, the more they studied during the week, and the more words they had learned at the end of the week. Although our results are far from definitive, it seems that recipients with high expectations of success were able to extract more benefits than costs from the controlling support that their partners provided. Thus, partner-achievement goals do not appear to be roundly detrimental for success; their effect depends on the psychological state of the support recipient.

### **General Discussion**

Four studies investigated the effect of a “partner-achievement goal,” or a personal goal for another person’s success. This goal led support providers to offer unhelpful support in the form of unsolicited directive advice about how to play a computer game (Study 1) and to be perceived as controlling when they supported a partner in learning Latin (Study 4). It also predicted poor achievement for support recipients, in the form of less weight lost (Study

2) and fewer Latin words learned (Study 4). These effects were rather specific: Partner-achievement goals did not differentially affect responsive directive support in Study 1, and the relation between partner-achievement goals and recipient weight loss evinced over and above provider caring goals in Study 2.

Moreover, the effects of partner-achievement goals varied with recipients' psychological states. When they had low expectations of their own success, recipients requested that their provider partners with this goal refrain from offering them support (Study 3); they also invested less time studying Latin grammar over a 1-week period (Study 4). Furthermore, the latter indicator of low recipient effort mediated the effect of partner-achievement goals on poor recipient achievement. Together, these findings highlight the unique behavioral consequences of partner-achievement goals for both members of a dyad.

Although previous research has not investigated partner-achievement goals, our findings are in line with several existing reports. These reports have pointed out that the reason why support is proffered—the provider's goal—shapes the effects of the support (Crocker & Canevello, 2008; Feeney & Collins, 2003). However, the present studies extend these findings in two ways. First, the dynamics created by a partner goal appear to play out in a similar fashion whether two individuals are members of an existing relationship or have a temporary relationship by virtue of being assigned to work together (i.e., the student dyads in Studies 1 and 4). Second, partner goals not only affect the emotion and relationship satisfaction outcomes investigated previously but also affect the objective achievement of the support recipient. Importantly, it does not appear to be the case that controlling forms of provider support can promote recipient achievement at the cost of negative emotions and poor relationship satisfaction. Rather, the detrimental emotional and relational effects of controlling support identified in previous investigations were echoed by the present results on recipient achievement.

On the other hand, the present findings can also be interpreted in terms of ways to promote recipient achievement. In Study 4, recipients with high expectations learned more Latin words if they were matched with a provider with a partner-achievement goal than a control goal. That is, recipients who were confident about their own abilities to succeed were apparently able to use the directive support of partner-achievement goal providers to motivate their own effort and achievement. It is interesting to consider how these findings align with research on partner responsiveness (Reis, Clark, & Holmes, 2004). For example, one investigation found that individuals who reported that their romantic partner was responsive to their concerns—endorsing items such as “My partner made me feel like he/she valued my abilities and opinions”—garnered emotional benefits in terms of reduced sadness and anxiety (Maisel & Gable, 2009). It may be that directive support from a partner-achievement goal provider is perceived as somewhat responsive when it is directed at a recipient with high expectations of success, since in these cases the support aligns with the recipient’s own evaluations of his or her abilities. This would be particularly interesting in that support providers who are pursuing a personal goal are seen as responsive merely by virtue of the support recipient’s state. Future research might fruitfully investigate how different partner goals translate into perceptions of responsiveness, or of a lack thereof.

More generally, Cutrona (1990) posits that support that matches a recipient’s goals (e.g., practical suggestions when advice is solicited, emotional solidarity when sympathy is sought) has the most effective physical and mental consequences. Our findings extend this idea: It is important not only to match the desired type of support but also to recognize the recipient’s psychological state. For example, people who have a partner with low expectations of success might aim at increasing those expectations instead of simply prodding their partner. Changes in expectations were not addressed in the present studies, but other findings indicate that this approach is promising (Khan et al., 2009). Indeed, partner support

that leads to recipient disengagement from low-expectancy goals may be ultimately beneficial. Although disengagement impairs achievement of particular goals, disengaging from pursuit of the unattainable ultimately allows people to use their resources for more feasible endeavors and is important for well-being (Brunstein, 1993; Janoff-Bulman & Brickman, 1982).

Our studies suggest that a promising area of inquiry is how support recipients can help regulate the type of support they receive. For example, existing research has conceptualized speakers who describe a problem as holding a particular goal (e.g., to obtain advice, to obtain compassion) and finds that such speakers are more satisfied when the reaction they receive satisfies this goal (Horowitz et al., 2001). Traditional conceptions of support do not include motivated efforts to leave the recipient alone, or to provide him or her space. However, when one partner expresses partner-achievement goals for another, the dyad might recognize that the most effective support strategy is to actively suppress directive support efforts by the partner. We do not know when such strategies become explicit but suspect they are likely to occur as partners regulate competing goals of autonomy and relatedness (see, e.g., Weinstein & Ryan, 2010).

In sum, the present studies complement a range of previous research in highlighting goal pursuit as a social and relational phenomenon. Support provision within relationships is often driven by a provider's personal goal. When this goal pertains to the recipient's achievement, ironically, providers' goals may lead to support that impairs rather than facilitates the thing they care about. In such situations, goal sharing can produce support that is not, strictly speaking, caring.

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## Notes

1. Throughout the article we use the word *partner* to refer to one individual who plays an important role in another individual's life. *Partner* in this sense encompasses members of family, friend, and romantic relationships as well as members of the experimentally created dyads in Studies 1 and 4.
2. Dyad gender composition had no significant effects on other variables in Study 1 or Study 4 and thus is not discussed further.
3. Participants in both Study 1 and Study 4 completed initial and final questionnaires about additional variables, which are not discussed further here as they are not the focus of the present article.
4. Unequal variances *t* tests are reported here and in Study 4.
5. For logistic regression and generalized linear model analyses, SPSS reports regression coefficients divided by their standard errors as a chi-square statistic with one degree of freedom. These statistics are presented in the results sections of Studies 3 and 4.
6. At the final lab session, participants were asked, "What was your partner's goal?" Importantly, only one recipient participant (2.4%) reported that the partner's goal was for her to learn Latin words; the rest of the recipient participants reported that they did not know or assumed that the partner's goal was the same as their own. This indicates that participants complied with the instructions not to discuss their goal with their partner, and therefore any effects of the manipulation should not be the result of recipients' knowledge of their provider partner's goal.

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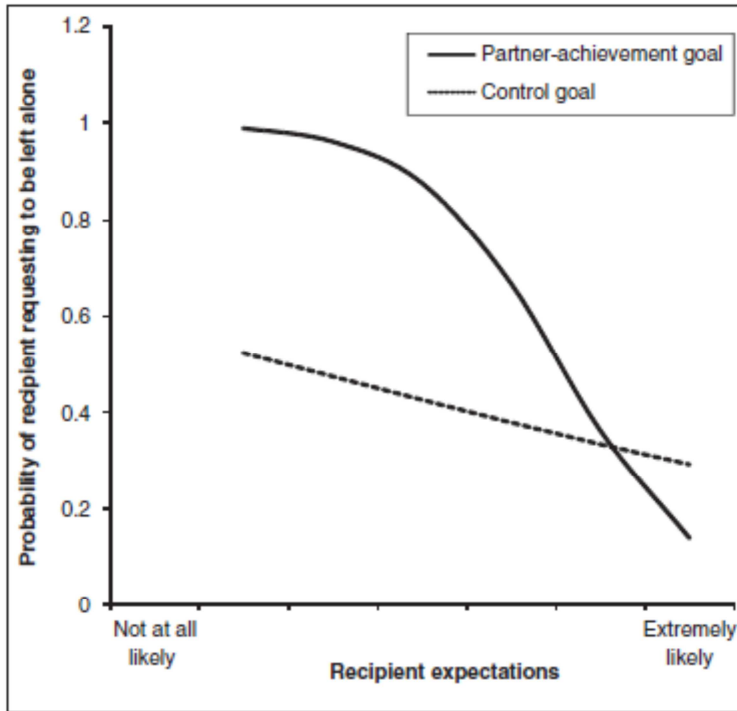
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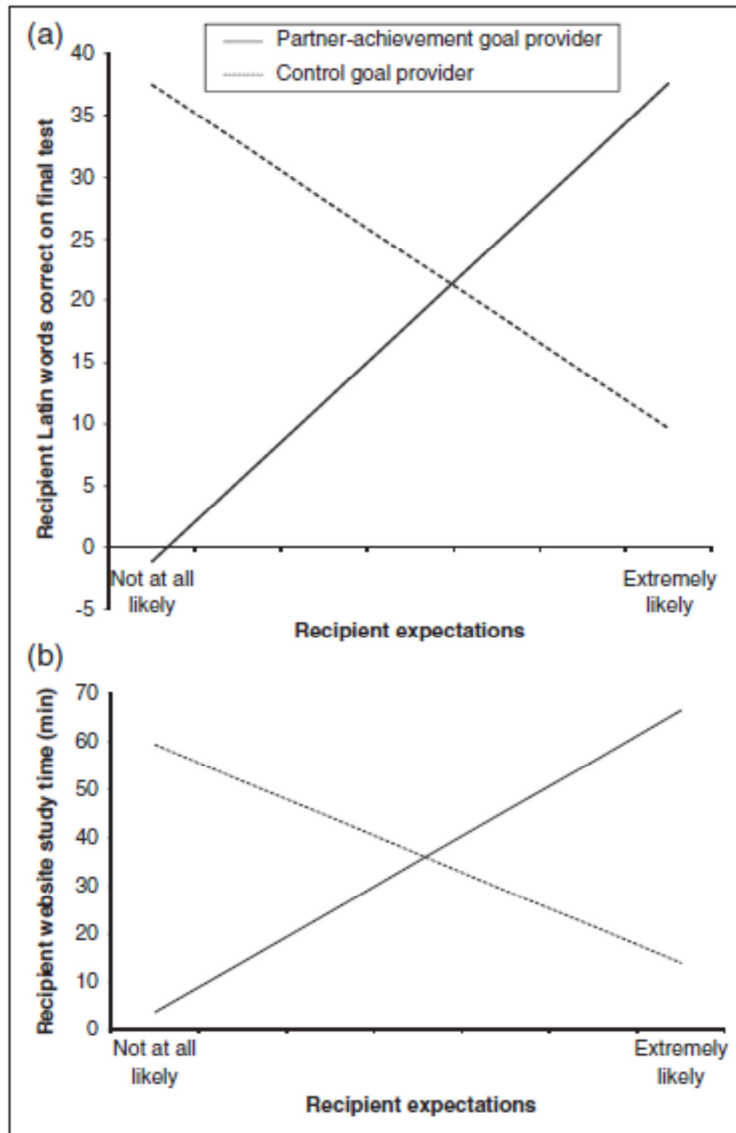
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**Figure 1.** Binary logistic regression predicted probabilities of recipient participants' requests to be left alone in Study 3, as a function of their expectations of success and their partner's goal type.



**Figure 2.** Regression predicted mean Latin words correct on final test (Figure 2a) and Latin study time during the week (in minutes; Figure 2b) for recipient participants in Study 4, as a function of their expectations of success and their provider partner's goal condition.