

PARTNERS' SUPPORT DURING GOOD TIMES: ASSOCIATIONS WITH FEARS OF POSITIVE AND NEGATIVE EVALUATION

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Capitalization interactions within romantic couples, in which they share positive events with each other, are significantly tied to their satisfaction and overall well-being. Recent work suggests that social anxiety is negatively associated with beneficial capitalization interactions (i.e., making capitalization bids and responding with active and constructive responses). To further investigate this understanding, we offer a deeper and differentiating look at two core components of social anxiety: fears of positive and negative evaluation. In addition, we offer an innovative look at the varying self-disclosures of capitalization recipients, by using a novel index—Relevant Talking Time (RTT) which examines the duration of relevantly disclosing and discussing one's own good event. We reasoned that the two types of evaluative fears might have different connections to capitalization processes, considering provision, receipt, and self-disclosure. Our findings ($N = 74$; 37 community couples in a lab-videotaped interaction) suggest that high fear of positive evaluation is associated with poorer provision of active-constructive capitalization, whereas high fear of negative evaluation is associated with a reduced disclosers' RTT. In addition, our results interestingly demonstrate that disclosers' RTT is tied to their partners' anxiety characteristics as well. We discuss the possible implications and explanations of our findings.

Keywords: capitalization support, romantic relationships, fear of positive evaluation, fear of negative evaluation, social anxiety

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THEORETICAL BACKGROUND

A suitable social support in times of stress and difficulties is widely known as a buffer of such stressors' effects (e.g., Cohen & Wills, 1985; Manne & Zautra, 1989). Within intimate romantic relationships, a well carried out dyadic support is essential for maintaining good and satisfying romantic relationships (e.g., Cramer, 2004; Cutrona, 1996; Rafaeli & Gleason, 2009). The importance and necessity of dyadic support during times of hardships, and its potential to comfort and lead to relief, seem very intuitive. However, in recent years, research on a slightly less intuitive aspect of support, namely, the support provided in good times, has begun amassing. This kind of support, which has been referred to as capitalization support, is the support provided in response to the sharing of positive life events and experiences (e.g., Gable, Gonzaga, & Strachman, 2006; Gable, Reis, Impett, & Asher, 2004; Langston, 1994; Reis et al., 2010). Recent work suggests that capitalization support is an even better predictor of well-being as well as of relationship satisfaction, commitment, and longevity, than the support offered during times of stress and difficulties (Gable et al., 2006; Gable, Gosnell, Maisel, & Strachman, 2012; Gable et al., 2004).

Capitalization occurs when one party discloses personally meaningful positive experiences, and the other responds in a receptive and supportive manner (Langston, 1994). According to Reis et al. (2010), the action of sharing good news with a close partner increases the perceived value of the good events. Capitalization leads to positive effects when these responses are enthusiastic (Gable et al., 2004), and thus promote the development of trust (Reis et al., 2010) which in turn has a significant impact on both partners' well-being and commitment (Drigotas, Rusbult, & Verette, 1999). The receipt of capitalization support has been shown to increase one's well-being and positive affect independently of the positive events themselves (Gable et al., 2006).

Gable and her colleagues (2004) identified four types of capitalization responses, which vary along two dimensions: (a) constructive-destructive and (b) active-passive. This taxonomy of responses was based on Rusbult's model of responses to a partner's destructive behavior (Rusbult, Verette, Whitney, Slovik, &

Lipkus, 1991; Rusbult, Zembrodt, & Gunn, 1982), itself adapted from the field of organizational behavior (Hirschman, 1970). With regards to capitalization support, Gable and her colleagues (2004) described four types of responses to shared positive news: An *active-constructive* response involves an enthusiastic and positive reaction, and tends to lead to an elaborated conversation about the positive event. A *passive-constructive* response involves a quiet yet attentive reaction; the partner reacts positively but does not actively contribute to the conversation. An *active-destructive* response is characterized by expressions of disapproval, with the partner undermining or denying the positive nature of the event. Lastly, a *passive-destructive* response is characterized by expressions of disinterest, with the partner ignoring the positive event. According to Gable et al., (2004) only responses which are active and constructive are associated with better well-being and greater satisfaction within close relationships, while all other types of responses to such disclosures (i.e., ones that are passive, destructive, or both) are linked to greater conflict and less commitment, satisfaction, intimacy, and trust within relationships.

To date, little research has addressed individual differences in capitalization responses. In one study, insecurely attached individuals were shown to be relatively less responsive towards their partner as well as to perceive less responsiveness from their partner in capitalization interactions (Shallcross, Howland, Bemis, Simpson, & Frazier, 2011). In another study, individuals with low self-esteem were shown to perceive their partners to be less enthusiastic after conflicts occurred, compared to individuals with high self-esteem (Smith & Reis, 2012).

The features of social anxiety (SA), one of the most prevalent mental health problems in the U.S (Kessler et al., 2005), which include difficulties in forming beneficent social interactions and in generating intimacy and closeness with others (e.g., Montgomery, Haemmerlie, & Edwards, 1991) raise questions about SA individuals' ability to engage in capitalization support. To date, one study (Kashdan, Ferssizidis, Farmer, Adams, & McKnight, 2013) has explored the association between social anxiety and individuals' capitalization behaviors, finding that social anxiety was tied to both the receipt and provision of capitalization support within romantic relationships. SA individuals in this study

believed that they received less supportive responses when sharing positive events with their romantic partner; their partners, in turn, acknowledged providing less capitalization support. Similarly, SA individuals noted that they responded less enthusiastically to their partners; these partners, in turn also saw them as less enthusiastic and interested. SA's receipt of less active-constructive capitalization might be explained by both their tendency to minimize and misattribute their good event to themselves (Weeks, 2010) thus actually drawing less responsivity from their partner, and their tendency to negative interpret other's evaluation towards them (e.g., Clark & Wells, 1995). As for SA's provision of less active-constructive capitalization to their partners, that might be explained by their tendency to be less responsive to social cues and less expressive of positive emotions (Farmer & Kashdan, 2012; Heimberg, Brozovich, & Rapee, 2010).

To further investigate the existing understandings, we offer a closer look at a core element of social anxiety: the intense concern of SA individuals with being judged by others (Clark & Wells, 1995; Rapee & Heimberg, 1997). This evaluative concern has long been seen as synonymous with a fear of negative evaluation—i.e., FNE (Clark & Wells, 1995; Winton, Clark, & Edelmann, 1995). However, recent research has brought up the interesting possibility that SA individuals also suffer from a fear of positive evaluation—i.e., FPE (e.g., Fergus et al., 2009; Rodebaugh, Weeks, Gordon, Langer, & Heimberg, 2012; Weeks, Heimberg, & Rodebaugh, 2008).

Fears of negative evaluation consist of beliefs and concerns about others' high performance standards, and one's own doubts about being able to live up to these high standards. Thus, individuals with high FNE typically anticipate imminent failure (Weeks et al., 2008), show a need for approval, which may temporarily relieve their anxiety and their evaluative concerns (Friend & Gilbert, 1973; Reichenberger, Wiggert, Wilhelm, Weeks, & Blechert, 2015; Wu & Wei, 2008), but interpret ambiguous social interactions in a threatening or negative manner even when no real threat exists (Dryman & Heimberg, 2015; Stopa & Clark, 2000; Vancleef & Peters, 2008).

By contrast, fears of positive evaluation consist of feelings of apprehension and discomfort about being judged favorably

(Weeks & Howell, 2014). Thus, individuals with high FPE have a sense of dread regarding imminent situations of non-failure in which their performance will be evaluated (albeit favorably). Such performance evaluations typically involve direct social comparison of the self to others (Weeks, Jakatdar, & Heimberg, 2010). In these situations, individuals with high FPE tend to make adverse interpretations of ambiguous social situations or cues which could actually signify success; indeed, they tend to view positive social feedback as erroneous, as they fear the implications of positive social interactions or feedback (Rodebaugh et al., 2012; Weeks, Heimberg, & Rodebaugh, 2008; Weeks et al., 2010).

Several recent studies have compared the two forms of evaluative fears. At base, both fear types have to do with the apprehension of being judged, as well as the tendency to interpret social interactions negatively (e.g., Dryman & Heimberg, 2015; Rodebaugh et al., 2012). Thus, FNE and FPE correlate strongly and positively with each other and with social anxiety (Weeks et al., 2010). Indeed, as Weeks and Howell (2012) suggested in their Bivalent Fear of Evaluation (BFOE) model, both FNE and FPE are associated uniquely and positively with a minimization of the attribution of one's social success to one's own capability or effort, a tendency termed Disqualification of Positive Social Outcomes (DPSO; Weeks, 2010).

However, as Weeks and Howell (2012) note, the two fears also differ in certain respects. FPE has a significantly stronger association with concerns of social reprisal due to making positive impressions than did FNE. Weeks and Howell found FPE to be the sole component of social anxiety tied to decreased positive experiences; this led them to suggest that FPE is a significant factor in overall positivity impairment (see also Kashdan, Weeks, & Savostyanova, 2011).

A recent lab study (Reichenberger et al., 2015) provided further support for the distinction between the two fears. In this study, high FNE was tied to participants' greater unpleasantness following a video that demonstrated a negative-evaluation towards them, whereas high FPE was tied to participants' greater unpleasantness following an equivalent positive-evaluation video. Moreover, higher FPE was associated with lower pride

responses following the positive-evaluation video, whereas higher FNE was associated with higher pride responses following it. In a follow-up study, FPE was found to uniquely mediate the association between depressive symptoms and unpleasantness ratings regarding positive videos (Reichenberger, Wiggert, Agroskin, Wilhelm, & Blechert, 2017).

Thus, it seems that individuals with either high FPE or high FNE tend to interpret social or ambiguous interactions they participate in negatively, but that only those with high FPE prefer to avoid the opportunity for any appraisal at all, whereas those with high FNE seek (positive) appraisal, probably in order to deal with their evaluative concerns.

THE PRESENT STUDY

We aimed to expand the knowledge about the quality of dyadic capitalization support among individuals with varying levels of fears of positive or negative evaluation, two important components of social anxiety. As noted earlier, recent studies have demonstrated that high social anxiety reduces the ability to participate in capitalization support processes (Kashdan et al., 2013). We reasoned that the two evaluative fears may exert unique influences on partners engaging in capitalization interactions—whether they are the recipients or the providers of capitalization. Moreover, we added an examination of a varying feature of self-disclosures—the duration of one’s relevantly sharing and discussing their positive event (namely, RTT—Relevant Talking Time).

We hypothesized that (1) individuals with high fears of evaluation (either negative *or* positive) will demonstrate deficits in dyadic capitalization processes compared to individuals with low fears of evaluation. However, we expected individuals with high FPE, as opposed to high FNE, to demonstrate poorer quality of capitalization processes. In particular, we hypothesized that when they disclose positive events, they will be more likely to (1a) exhibit a difficulty in disclosing the positive events, as would be reflected in a shorter RTT; (1b) receive less capitalizing

support from their partners, as would be reflected in observers' ratings and/or self-report ratings.

We were also curious to examine the association between evaluative fears and provision of capitalization support. Based on Kashdan et al., (2013) we hypothesized that (2) individuals with high (as opposed to low) FNE or FPE would provide less active and constructive capitalization. However, we had no specific hypotheses regarding the differential role of FPE vs. FNE, as neither had been studied to date in this context.

To test our hypotheses, we examined how self-reported levels of FNE and FPE of co-habiting romantic partners predicted the quality of capitalization support receipt and provision observed in a video-taped dyadic interaction. We used Actor-Partner Interdependence Models (APIM; Kenny, Kashy, & Cook, 2006) which are designed to measure interdependence within interpersonal relationships, when one person's emotion, cognition, or behavior affects the emotion, cognition, or behavior of his/ her partner (Kelley, Holmes, Kerr, Reis, Rusbult, & Van Lange, 2003). As FNE and FPE both correlate strongly with SA, we measured self-reported SA as well, and examined each of the constructs' contribution to capitalization processes when adjusting for the other constructs.

As far as we know, this is the first study to examine the ramifications of FNE and FPE within close intimate relationships in general and within dyadic capitalization support processes in particular. Furthermore, we add the examination of recipients' self-disclosures' features.

METHOD

Participants

Our sample consisted of 41 heterosexual couples co-habiting for at least 6 months. Participants were recruited from Bar-Ilan University and its surrounding community, via flyers and online advertisement. As compensation for their time, couples received a voucher for breakfast in a restaurant, and participated in a raffle for a weekend stay in a bed-and-breakfast. If they were Bar-Ilan University psychology undergraduate students, they were ad-

ditionally given research credit for psychology classes. Four couples (9.7%) dropped out during the study period. Among the remaining 37 couples the mean age was 28.7 ($SD = 6.6$) for women and 30.4 ($SD = 6.7$) for men. All participants had completed high school, and most (63%) had completed a Bachelor's degree (with an average of 14.5 years of education; $SD = 2.2$). The average relationship duration was 5 years ($SD = 4.9$, range = 11 months – 25.6 years). The average length of cohabitation was 3.9 years ($SD = 4.8$, range = 6 months – 25.4 years). Twenty-one couples (56.7%) were married, and 9 (24.3%) were parents. The participants were drawn from a healthy population, though some had sub-clinical levels of social anxiety.

Procedure

Participants completed preliminary background questionnaires which gathered information about demographics, levels of social anxiety, fear of negative evaluation, fear of positive evaluation, alongside other personality and relational characteristics which were not used in the present analyses. They then took part in a lab visit involving a videotaped capitalization support dyadic interaction, accompanied by questionnaires regarding their experience within the interaction.

Baseline Questionnaires

Social Anxiety (SA). The Liebowitz Social Anxiety Scale (LSAS) was completed by participants prior to lab visit, and was used to assess individual differences in anxiety and avoidance of social interactions and performance (Liebowitz, 1987). The LSAS is a 24-item self-report measure that utilizes 2 parallel Likert-type response scales for each item, one assessing levels of anxiety and the other assessing levels of avoidance. In our sample, the LSAS demonstrated an excellent internal consistency ($\alpha = .93$).

Fear of Negative Evaluation (FNE). The Brief Fear of Negative Evaluation (BFNE) was completed by participants prior to lab visit, and was used to assess individual differences in fear and distress related to negative evaluation from others (BFNE; Leary, 1983). The BFNE is a 12-item self-report measure that utilizes a

Likert-type response scale. In our sample, the BFNE demonstrated an excellent internal consistency ($\alpha = .93$).

Fear of Positive Evaluation (FPE). The Fear of Positive Evaluation Scale (FPES) was completed by participants prior to lab visit, and was used to assess individual differences in fear and distress related to positive evaluation from others (FPES; Weeks et al., 2008). The FPES is a 10-item self-report measure that utilizes a Likert-type response scale. In our sample, the FPES demonstrated good internal consistency ($\alpha = .76$).

Laboratory Capitalization Support Task

Couples attended a single laboratory session that lasted approximately 2 hr. After a brief introduction to the study and completion of consent procedures, couples were seated in two chairs angled to face each other. We adopted Kashdan's et al.'s (2013) adaptation of Gable et al.'s (2006) capitalization support task, by videotaping couples sharing and discussing a personal good experience of each of the partners. The task was divided into two segments of 6 minutes each, with the partners alternating in the roles of provider and recipient of capitalization. The order of speaking was determined randomly, so that for half of the couples, the male partner was the first to share, and for half, the female partner. Three small cameras, visible to participants, were used to capture each participant by himself/herself and both of the partners together. Microphones were attached to the participants' lapels in order to clearly capture their voices.

Prior to the interactions, participants were given the following instructions (adapted from Kashdan et al., 2013):

Now I would like for the two of you to take some time to think and write down a positive event that you have experienced but have not yet shared with your partner. You are free to choose any event that comes to mind, such as getting a good grade, talking to a childhood friend, an important project at school or your job, etc. This event can be anything good (big or small) that has either happened recently or that you anticipate happening in the future. However, it must be something that has been on your mind lately and that you have not yet shared with your partner.

You will speak in turns, (name of the randomly assigned partner) will be the first. When talking about your event, try to talk about it in as much detail as possible. When hearing about your partners' event you are free to talk as much or as little as you wish. In both situations, try to engage in a conversation that is as close as possible to a normal interaction between you. You will have 6 minutes for each turn.

Post Interaction Self-Report Measures

After each interaction of sharing positive events, partners were asked to complete the Perceived Responses to Capitalization Attempts Scale (PRCA; Gable et al., 2004). The PRCA is a 12-item self-report measure that utilizes a Likert-type response scale which measures the perception of each partner regarding his or her partner's response to the shared positive event. Each participant got rated for each of the four types of capitalization (AC, PC, PD, AD). These scores were later used for generating a general self-reported capitalization quality score by subtracting the average of PC, AD, and PD scores from the AC score, as was demonstrated in former studies (e.g., Gable et al., 2004; Kashdan et al., 2013). In our sample, the PRCA demonstrated a good internal consistency ($\alpha = .8; .72; .7; .86$ for AC/PC/PD/AD respectively).

Coding

Three trained raters coded the videotaped interactions, according to the aspects described below. In order to confirm high inter-rater reliability, 25% of the interactions were coded by all of the three raters independently, and were then used for assessing reliability through the Single Measures Intraclass Correlation Coefficient (ICC)—a ratio of the variance of interest over the sum of the variance of interest plus error (Bartko, 1966). The ICCs indicated high inter-rater reliability, as described below.

Recipients' Sharing Time of Their Positive Event—Relevant Talking Time (RTT). We used the videotaped interaction to obtain the above-mentioned novel index designated to examine the vary-

ing nature of recipients' self-disclosures. We measured the time spent on-topic for each participant, namely his/her relevant talking time (RTT) of the chosen good event. In order to do that, coders watched the videos twice. In the first viewing, coders delineated the speech turns. In the second viewing, coders rated each speech as relevant to topic or not relevant to topic. Relevance was defined as consistency with the topic written down by the participants themselves before the interactions began. For example, if the topic was spending a nice day with a friend, a discussion of a movie which the partners have watched together the former night is not relevant, while a discussion of what the participant has done with the friend or what they have talked about is relevant to topic. Inter-rater reliability was acceptable as determined by single measures intraclass correlations (ICC) with absolute agreement of .870 for relevant time.

Providers' Responses to the Good Event. The same coders who had rated the recipients' on-topic behavior also rated the providers' speech-turns using the same 3-point scale, during the second viewing of the recordings. Additionally, they used a coding schema based on Kashdan et al.'s (2013) in order to describe the type and quality of reactions displayed by providers in response to their partner's sharing of a positive event. Specifically, the raters were provided with four prototypical descriptions characterizing the nature of capitalization support provided (for further elaboration please see Kashdan et al., 2013):

- Active-constructive (AC): Partner displays enthusiastic support for the event they are told about. He/she reacts in an encouraging manner and actively seeks additional information about the event.
- Passive-constructive (PC): The partner responds positively but does not actively contribute to the conversation or attempt to explore the story in any depth. His/her behavior is mostly passive with subtle signs of support and consent.
- Active-destructive (AD): The partner undermines the positive nature of the event by pointing out potential problems related to the event. He/she may minimize the event through statements or questions.

- **Passive-destructive (PD):** Partner tends to ignore or fails to respond to the event. His/her behavior primarily reflects inattentiveness and disinterest.

Raters used a 6-point scale ranging from 0 (absolutely no match) to 5 (perfect match) regarding each of the prototypes described above, thus generating discerned scores for observed exhibition of each of the four capitalization support types (AC, PC, AD, and PD). We used these scores to generate a general capitalization quality score by subtracting the average of PC, AD, and PD scores from the AC score, as was demonstrated for generating a self-reported score, and as was demonstrated in former studies (e.g., Gable et al., 2004; Kashdan et al., 2013). Each participant was rated once as a recipient of the support, and once as a provider. Inter-rater reliability was acceptable as determined by single measures intraclass correlations (ICC) with absolute agreement of .759 for capitalization quality.

Data Analytic Approach

Our data were hierarchically nested (individuals within couples); therefore, our analyses follow the recommendations of the Actor-Partner Interdependence Model (APIM; Kenny et al., 2006) which is designed to measure interdependence within interpersonal relationships, when one person's emotion, cognition, or behavior affect the emotion, cognition, or behavior of his/ her partner (Kelley, Holmes, Kerr, Reis, Rusbult, & Van Lange, 2003). APIM (See Figure 1), is a dyadic data analytic approach that simultaneously estimates actor effects (the effects of the actors' independent variable scores; e.g., their own fear of evaluation) on their own dependent variable score (e.g., their own capitalization support provision), as well as partner effects (the effects of their partners' variable scores; e.g., the partners' fear of evaluation) on the actors' dependent variable score (e.g., the actors' capitalization support provision; Kenny et al., 2006). These analyses were conducted using the multi-level-modeling framework with SPSS mixed procedure (Campbell & Kashy, 2002). Each variable was standardized prior to the analysis using its mean and standard

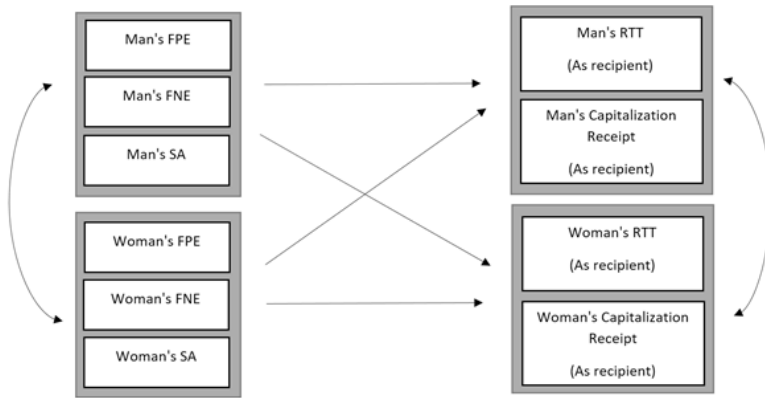


FIGURE 1. Proposed Actor-Partner Interdependence Model

deviation calculated across all participants, as recommended by Kenny et al., 2006 (p. 179) to obtain standardized effects.

RESULTS

Descriptive statistics of the study's variables, along with paired *t*-test estimating gender differences, are presented in Table 1. We found only one significant gender difference; women exhibited greater FNE compared to men.

Correlations

The associations of within-subject (e.g., one's SA and one's FNE) as well as within-couple (e.g., one's SA and one's partner's SA) anxiety variables are presented in Table 2. As can be seen, within-subject associations of the anxiety variables were significant and positive among women, but not among men; no significant within-couple associations were found.

The associations of within-subject as well as within-couple capitalization variables are presented in Table 3. As can be seen, the within-subject association of observed capitalization and self-reported capitalization were significant and positive among men but not among women. No significant within-subject asso-

TABLE 1. Descriptive Statistics and Gender Differences for All Variables

	Women		Men		Gender differences	
	Range	Mean (SD)	Range	Mean (SD)	t-test(36)	p value
SA	9 – 61	37.25 (21.75)	6 – 85	31.64 (12.59)	–1.49	.144
FNE	4 – 38	27.94 (11.86)	4 – 48	20.34 (9.01)	–2.738	.010
FPE	0 – 58	22.26 (13.14)	0 – 43	26 (13.58)	1.067	.293
RTT	84 – 334	165.54 (64.83)	53 – 283	180.73 (56.86)	1.226	.228
Capi-Obsr	–2 – 4	0.81 (1.76)	–2 – 5	1.27 (1.55)	1.576	.124
Capi-SR	–2 – 17	6.17 (6.43)	–5 – 16	8.25 (5.72)	1.494	.144

Notes. SA = social anxiety indexed by LSAS; FNE = fear of negative evaluation indexed by BFNE; FPE = fear of positive evaluation indexed by FPES, Fear of Positive Evaluation Scale; RTT = relevant talking time; Capi-Obsr = capitalization observed; Capi-SR = capitalization self-reported.

ciation between recipients' RTT and either self-reported or observed capitalization receipt was found; the within-couple association of observed capitalization was significant and positive.

The associations between recipients' and providers' anxiety variables with capitalization variables are presented in Table 4. No significant associations were found.

APIM Analyses

Hypothesis 1a: Recipients' Sharing of the Good Event: Analyses of Relevant Talking Time (RTT). We ran an APIM analysis to predict the recipient's RTT using the recipients' and providers' anxiety variables. As the left column in Table 5 shows, high levels of recipients' FNE predicted a reduced amount of RTT, whereas recipients' SA and FPE did not predict RTT. Indeed, post-hoc contrasts revealed that the association of recipients' FNE with their RTT was significantly stronger than with their FPE or SA ($F_{(2,47.8)} = 4.358, p = .018$; $F_{(2,49.3)} = 3.352, p = .043$).

In addition, the described above analysis revealed two interesting results, which we did not expect: (a) high levels of providers' FNE predicted a reduced recipients' RTT, and (b) high levels of providers' SA predicted an increased recipients' RTT. Possible explanations are discussed in the discussion section.

Hypothesis 1b: Capitalization Support Receipt: Analyses of Observers' Ratings and of Self-Report. We ran an APIM analysis to predict observed exhibition of capitalization receipt behaviors (ac-

TABLE 2. Within-Subject and Within-Couple Anxiety Variables Correlations

	1	2	3
1. SA	.230	.609**	.565**
2. FNE	.287	-.223	.417*
3. sFPE	.111	.226	-.205

Notes. Diagonal values are within-couple associations; above diagonal values are within-person associations for women; under diagonal values are within-person association for men. SA = social anxiety by LSAS; FNE = fear of negative evaluation by BFNE; FPE = fear of positive evaluation by FPES. * $p < .05$; ** $p < .01$.

ording to observers' ratings) using the anxiety variables of both partners (SA, FNE, and FPE). Results are presented in Table 5 in the upper part of the middle column, demonstrating that for recipients', none of the anxiety variables (SA, FNE or FPE) predicted the observed received capitalization support.

We ran an additional APIM analysis to predict self-reported capitalization receipt using the anxiety variables of both partners (SA, FNE, and FPE). Levels of SA, FNE, or FPE of either partner did not significantly predict the recipients' self-reported experience of the received capitalization, as shown in the right column of Table 5.

Hypothesis 2: Capitalization Support Provision: Analyses of Neutral Observers' Ratings and of Recipients' Self-Report. We ran an APIM analysis to predict observed exhibition of capitalization provision behaviors (according to observers' ratings) using the anxiety variables of both partners (SA, FNE, and FPE). Results are presented in Table 5 in the lower part of the middle column, demonstrating that for providers', FPE predicted observed poorer provision of capitalization support. Planned contrasts revealed a marginally significant difference for the associations of providers' capitalization with their FPE compared to their FNE or SA ($F_{(2,41.6)} = 3.19, p = .051$; $F_{(2,47.6)} = 2.89, p = .065$).

We ran an additional APIM analysis to predict provided capitalization according to recipients' self-report, using the anxiety variables of both partners (SA, FNE, and FPE). Levels of SA, FNE, or FPE of either partner did not significantly predict the recipients' self-reported experience of the provided capitalization, as shown in the right column of Table 5.

TABLE 3. Within-Subject and Within-Couple Capitalization Variables Correlations

	1	2	3
1. RTT	.239	.137	.009
2. Capi-Obsr	.058	.434**	.298
3. Capi-SR	.223	.526**	.056

Notes. Diagonal values are within-couple associations; above diagonal values are within-person associations for women; under diagonal values are within-person association for men. RTT = relevant talking time; Capi-Obsr = observed capitalization; Capi-SR = self-reported capitalization. * $p < .05$; ** $p < .01$.

DISCUSSION

Following the findings that levels of social anxiety are tied to dyadic capitalization quality (Kashdan et al., 2013), we offered a closer investigation of two core components of social anxiety, FNE, and FPE. We added an index examining individual differences in duration of recipients' self-disclosures, assuming that the two types of evaluative fears might have different connections to capitalization processes, considering provision, receipt, and self-disclosure.

Inspired by the existing models of fears of evaluation, we predicted that high levels of both FPE and FNE will be tied to a reduced ability of participating in capitalization support. Moreover, we hypothesized that individuals with high levels of FPE, compared to individuals with high levels of FNE, will exhibit prominent deficits in the ability to (1) disclose positive events as recipients and (2) receive less capitalizing support from their partners. In addition, we predicted that high levels of FNE and FPE will be tied to deficits in provision of active-constructive capitalization, but had no specific hypotheses regarding the differential role of FPE vs. FNE.

The results of our study provided partial support to our hypotheses, as FNE and FPE were tied to capitalization outcomes, but at times in a way that was somewhat surprising. First, we found that high FNE, rather than high FPE, was tied to a reduced RTT. Indeed, FPE was unrelated to this (or any other) index of recipient behavior. This negative association of FNE—and not of FPE—with RTT raises some questions. After all, individuals with high levels of FNE, in contrast to those high in FPE, would be ex-

TABLE 4. Correlations of Both Partners' Anxiety Variables with Capitalization Variables

	Recipient			Provider		
	SA	FNE	FPE	SA	FNE	FPE
1. RTT	-.114	-.167	-.216	.219	-.079	-.071
2. Capi-Obsr	.106	.067	-.032	-.033	-.136	-.218
3. Capi-SR	-.129	-.181	-.075	-.062	-.117	-.059

Notes. SA = social anxiety by LSAS; FNE = fear of negative evaluation by BFNE; FPE = fear of positive evaluation by FPES; RTT = relevant talking time; Capi-Obsr = observed capitalization; Capi-SR = self-reported capitalization. $.^*p < .05$; $^{**}p < .01$.

pected to seek out, rather than avoid, positive appraisal (Friend & Gilbert, 1973). It seems that in our study individuals with high FNE experienced the interaction of sharing a good event as a potential source for criticism and judgement, rather than an opportunity to draw positive appraisal. A possible explanation may be that although individuals with high FNE look for the positive evaluation and feel relieved and proud following it (Friend & Gilbert, 1973; Reichenberger et al., 2015; Wu & Wei, 2008), they may still be fearful or uncomfortable prior to receiving it.

The absence of an association between high FPE and reduced RTT is surprising. After all, disclosing a positive event is a prime example of a chance to receive positive evaluation. What may be at hand here is that romantic partners encode capitalization behaviors as something other than positive evaluation. Gable and Reis (2010) have argued that beyond the assessment of the event and its implications for the discloser, capitalization also consists of the partner's interest in the discloser's personal well-being and growth. Thus, maybe the capitalization interactions we chose to focus on, as they occur among intimate partners, are less evaluative in nature, and instead reflect more of these other qualities of caring and interest.

However, while FPE was unrelated to recipients' behavior, it was tied to the one of the providers. Specifically, those with high FPE provided poorer capitalization support. This finding broadens our understanding of the social ramifications of FPE. To date, the literature on this construct has focused mostly on deficiencies when one is judged favorably. Our findings suggest that FPE is also associated with (poorer) expression of constructive appreciation to one's partner. This impairment is in line with

TABLE 5. APIM Results of Both Partners' Anxiety Variables Predicting the Capitalization Variables

	Outcome								
	Relevant Talking Time			Capitalization Quality			Capitalization Quality		
	<i>b</i> (<i>SE</i>)	β	<i>p</i>	Observers Rates			Self-Report Rates		
				<i>b</i> (<i>SE</i>)	β	<i>p</i>	<i>b</i> (<i>SE</i>)	β	<i>p</i>
Intercept	-.791	-.012	.913	.086	.051	.716	.124	.020	.869
Recipient:									
SA	.201	.059	.676	.004	.047	.757	-.013	-.040	.802
FNE	-2.047*	-.375*	.022	.026	.177	.332	-.055	-.101	.557
FPE	-.766	-.167	.178	-.020	-.166	.221	-.030	-.065	.625
Provider:									
SA	1.85**	.544**	.000	-.003	-.038	.801	-.031	-.091	.575
FNE	-2.28*	-.419*	.011	.037	.251	.170	.067	.123	.475
FPE	-.900	-.196	.114	-.039*	-.311*	.026	-.035	-.077	.573

Notes. SA = social anxiety by LSAS, Liebowitz Social Anxiety Scale; FNE = fear of negative evaluation by BFNE, Brief Fear of Negative Evaluation; FPE = fear of positive evaluation by FPES, Fear of Positive Evaluation Scale; RTT = relevant talking time; Capi-Obsr = capitalization observed; Capi-SR = capitalization self-reported. * $p < .05$; ** $p < .01$.

Weeks and Howell's (2012) suggestion that FPE is a significant factor in overall positivity impairment, and points out that there is much more to learn about FPE.

In addition, we found two notable partner effects beyond our hypotheses. Specifically, providers' levels of FNE and of SA were associated with their partners' (recipients') sharing time (RTT) – and interestingly in contradictory ways: providers' FNE was associated negatively with recipients' RTT, whereas providers' SA was associated positively with recipients' RTT. Paradoxically, both these findings may reflect attempts, on the part of the recipient, to shield or protect the provider. Specifically, partners of high SA individuals may have shared more as a form of compensation, covering up for the socially anxious partner, and relieving them of the need to speak much in the relatively anxiety-provoking lab setting (in which cameras and research assistants observe their behavior). This cover up may be particularly related to pure social anxiety, rather than the fears of evaluation, and thus emerges when these fears are statistically accounted for. In contrast, partners of high FNE individuals, who were familiar

with these evaluative fears, may have tried to diminish their own good event in order to avoid threatening or upsetting this partner, and thus engaged in less RTT. However, these potential motivations require further replications and investigations.

Limitations and Future Directions

Our study made use of a novel index, RTT, for operationalizing capitalization bids, and went beyond the focus on the providers' reactions to such bids. We believe this approach is essential in order to fully understand dyadic capitalization processes. Yet, in its current form our index focuses on one aspect of the ability to share positive events: the duration of it but not the nature of it. In future research, the measure could be extended with a more qualitative look at the recipients' characteristics of disclosing. Future research could delve deeper into the different styles of disclosing good events.

In addition, interactions within other relational contexts rather than committed romantic relationships are required in order to better understand how FNE and FPE relate to capitalization attempts. Moreover, while lab procedures contain a precious opportunity to more objectively assess the nature of the interaction, a combination with other methods alongside may add higher ecological validity. Diary methods, for example, may expand our knowledge of the real day-to-day life processes, and will be free of the extraneous influence of video cameras or research assistants. As for the lab procedure, replication with more participants is needed.

Our study asked participants to choose a good event which they haven't yet shared with their partner. This guidance was intended to encourage an authentic and representative capitalization interaction; however, it might have led partners who routinely share their experiences with one another to end up sharing relatively minor or insignificant events. Here too, the combination of lab interactions with daily diary methods may help complete the picture, neutralize this confound and allow a broader picture of dyadic capitalization processes.

Conclusions

In summary, our results suggest that individuals high in FNE or FPE engage in dyadic capitalization support processes in different ways. Whereas high FNE individuals appear to be impaired in disclosing their own good events, high FPE individuals appear impaired in providing active and constructive capitalization support. Additionally, the partners of individuals high in FNE and in SA may engage in compensatory shielding behaviors, which could paradoxically increase or decrease their sharing time. Summing up, our findings suggest that these fears, which are core features of social anxiety but naturally appear in varying levels in healthy population as well, may underlie different impairments in dyadic capitalization processes. We hope that our study and the new index presented in it (RTT) may help advance future research and expand the existing understandings.

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