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Prescriptive Support and Commitment Processes in Close Relationships*

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Existing research on close relationships has not determined whether commitment is strengthened by prescriptive support for a relationship. The present research examines both (1) personal prescription, based on the personal belief that one ought to persist in a relationship, and (2) social prescription, based on the belief that friends or family members would like one to persist. In a computer-assisted telephone interview we examined associations of commitment with both forms of prescriptive support and traditional investment-model variables: satisfaction level, alternative quality, and investment size. All five predictors exhibited significant simple associations with commitment level. Regression analyses revealed that social prescription accounted for unique variance in commitment beyond satisfaction, alternatives, and investments; personal prescription did not account for unique variance in commitment.

Social scientists who study close relationships have provided numerous insights into the regularities that govern behavior in intimate involvements. This literature has enhanced our understanding of phenomena such as the causes of initial attraction, the bases for developing intimacy, and the reasons for deteriorating satisfaction (see Berscheid 1994; Clark and Reis 1988; Duck 1988). At the same time, important questions about the stability of relationships have not

been answered adequately. For example, we do not fully understand why people sometimes remain in loveless or dissatisfying relationships, nor do we understand why some reasonably satisfying relationships flounder or fail.

Recognizing that satisfaction and stability may be independent to some extent, several social scientists have advanced theories of persistence in relationships. The extant theories of persistence differ in some respects, but the commitment framework (M. Johnson 1982, 1991), the cohesiveness model (Levinger 1979a, 1979b), and the investment model (Rusbult 1980a, 1983) advance several parallel predictions. All of these models argue that probability of persistence is enhanced insofar as (1) a relationship is more attractive or more satisfying to the individual, (2) available alternatives are perceived to be poor, and (3) barriers or invested resources increase the costs of ending a relationship. A sizable empirical literature supports these assertions (see Rusbult and Buunk 1993).

Fewer studies, however, have addressed an additional prediction advanced by the commitment framework: the claim that probability of persistence is enhanced insofar as (4) there is greater prescriptive support for a relationship, or a greater sense of obligation to remain with a partner. In this paper we review

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the existing theory and research on intentions to persist, incorporating the prescriptive support variable into traditional investment-model assertions. We also present the results of a study designed to determine whether two forms of prescriptive support—personal and social prescription—account for unique variance in explaining commitment to maintain a relationship.

The Commitment Construct

The three primary theories of persistence employ different terms in describing motivation to maintain a relationship. The commitment framework identifies variables that affect “personal, moral, and structural commitment,” suggesting that these three forms of commitment enhance motivation to maintain a relationship. The cohesiveness model identifies a variety of “attraction and barrier forces,” suggesting that attractions and barriers influence cohesiveness and desire to maintain a relationship. And the investment model identifies three broad categories of variable that enhance “commitment to a relationship,” suggesting that commitment directly motivates persistence. In the present research we emphasize areas of agreement among these theories, using the investment model as a framework to summarize existing research on intentions to persist. We briefly note points of convergence and divergence with the commitment framework and the cohesiveness model.

The investment model emerged from interdependence theory (Kelley and Thibaut 1978; Thibaut and Kelley 1959); like that theory, it challenges the common assumption that satisfaction is the primary cause of stability (see Berscheid 1994; Clark and Reis 1988). *Commitment* is defined as long-term orientation toward a relationship, including feelings of psychological attachment and intentions to persist through both good and bad times. In keeping with the claim that commitment is the key to understanding stability, existing research demonstrates that commitment is the most powerful predictor of decisions to persist in a relationship (Drigotas and Rusbult 1992; Rusbult 1983).

Moreover, commitment appears to exert quite general effects on behavior, in that committed individuals also enact diverse relationship maintenance behaviors. For example, highly committed individuals exhibit

greater (1) willingness to accommodate rather than retaliate when a partner behaves poorly, (2) tendencies to derogate tempting alternative partners, (3) willingness to sacrifice immediate self-interest for the good of a relationship, and (4) inclinations to perceive their relationships as superior to other relationships (e.g., D. Johnson and Rusbult 1989; Rusbult et al. 1997; Rusbult et al. 1991; Simpson, Gangestad, and Lerma 1990; Van Lange et al. forthcoming). In light of these robust effects, it becomes important to understand the determinants of commitment.

Satisfaction, Alternatives, and Investments as Determinants of Commitment

Three categories of variable are said to enhance commitment. First, individuals become more strongly committed insofar as *satisfaction level* is high. Satisfaction is greater to the extent that the outcomes resulting from involvement are good (i.e., the relationship gratifies important needs) and comparison level is low (i.e., the individual has low expectations regarding relationship quality, based on prior experience or social comparison). Similarly, the commitment framework and the cohesiveness model propose that personal commitment and cohesiveness are strengthened insofar as individuals hold more positive attitudes about their relationships. In agreement with the simple claim that it is easier to remain in a happy relationship than in an unhappy one, the research demonstrates that commitment and probability of persisting are enhanced to the degree that satisfaction is high, the obtained outcomes are desirable, and comparison level is low (Buunk 1987; Drigotas and Rusbult 1992; Lund 1985; Rusbult et al. 1991; Sabatelli and Cecil-Pigo 1985). Unfortunately, however, satisfaction falls to dangerously low levels even in the most gratifying involvements. Thus it is unlikely that satisfaction is the sole variable influencing commitment to persist.

Second, commitment is argued to be influenced by *quality of alternatives*, defined as the perceived desirability and availability of alternatives (How tempting are alternatives? How large is the field of eligibles? Is noninvolvement acceptable?) When alternatives are unattractive or limited in number, commitment is stronger; when desirable alternatives are readily available, commit-

ment is weaker. The commitment framework and the cohesiveness model advance parallel claims, suggesting that structural commitment and cohesiveness are enhanced when alternatives are less attractive. Existing research supports the claim that commitment and persistence are influenced by perceived quality of alternatives (Drigotas and Rusbult 1992; Felmlee, Sprecher, and Bassin 1990; Rusbult et al. 1991; Simpson 1987; South and Lloyd 1995). Yet if satisfaction level and alternative quality were the only determinants of persistence, few relationships would endure: All relationships suffer dissatisfying periods, and all partners encounter tempting alternatives. Recognizing that many relationships survive temptation even during dissatisfying times, researchers have identified an additional determinant of commitment.

Investment size is a third class of variable that is said to shape commitment. *Investment* refers to (1) resources (e.g., time, effort, identity) that are placed directly into a relationship in the hope that doing so will improve it, as well as to (2) originally extraneous resources (e.g., children, shared memories) that become linked inextricably to a relationship. In parallel manner, the commitment framework includes investment size as a component of structural commitment, and the cohesiveness model suggests that individuals become bound involuntarily to their partners as a consequence of barriers to termination—obligations that prevent them from acting solely according to attractions and repulsions. Invested resources presumably enhance commitment because the act of investment (1) serves as a powerful psychological inducement to persist, and (2) increases the costs of ending a relationship. Previous research on commitment and persistence strongly supports the assertion that stability is enhanced by the direct or indirect investment of resources in a relationship (Lund 1985; Rusbult et al. 1991; Sabatelli and Cecil-Pigo 1985; Simpson 1987).

The investment model predicts commitment across many types of romantic relationship such as dating relationships, marital relationships, gay and lesbian relationships, and abusive relationships (Duffy and Rusbult 1986; Rusbult 1980a; Rusbult et al. forthcoming; Rusbult, Johnson, and Morrow 1986; Rusbult and Martz 1995; Rusbult et al. 1991). The investment model not only explains feelings of commitment but also accounts for

decisions to remain in a relationship rather than ending it (Drigotas and Rusbult 1992; Rusbult 1983; Rusbult and Martz 1995; Van Lange et al. forthcoming). This model is cross-culturally generalizable; it accounts for commitment processes in the United States, the Netherlands, and Taiwan (Lin and Rusbult 1995; Van Lange et al. forthcoming). Moreover, it predicts nonromantic commitment, including friendship commitment (Rusbult 1980b) as well as job commitment and turnover (Farrell and Rusbult 1981; Rusbult and Farrell 1983). Thus the investment model has demonstrated generalizability.

Prescriptive Support as a Determinant of Commitment

Beyond the variables identified by the cohesiveness and investment models, M. Johnson's (1991) commitment framework discusses the effects of additional variables that we include in a category termed *prescriptive support*. In agreement with dictionary definitions, prescriptive support refers to the sense of obligation to remain with a partner—the belief that persisting in a relationship is “advised,” “ordered,” or “ordained” by either personal or interpersonal sources. Although the sense of obligation would seem to be a potent force in promoting stability, this factor is not represented in the three categories of variable discussed above: satisfaction, alternatives, or investments.

Two features of the commitment framework are relevant to understanding prescriptive support. One such construct is moral commitment, defined as the sense of self-constraint deriving from the feeling that one ought to persist in a relationship. Three sources of moral commitment are identified: (1) the general value placed on consistency through socialization (e.g., “stick to your guns”), (2) values placed on the importance of maintaining specific types of relationship, such as marriage (e.g., “let no man put asunder what God hath joined together”), and (3) partner-specific feelings of obligation to the individual with whom one is involved. Moral commitment is defined internally: “[O]ne is morally committed to a relationship only to the extent that one accepts these values as one's own” (M. Johnson 1991: 121).

In addition, the commitment framework suggests that structural commitment is influ-

enced by the social network—by the degree to which “people other than the partner have feelings, either moral or pragmatic, about the possibility of a dissolution” (M. Johnson 1991:123). Friends and family members may have beliefs about the desirability of persisting in a relationship; their feelings may influence the individual’s sense of obligation to remain involved with a partner (see Huston et al. 1981; Surra 1980; Surra and Milardo 1991). For example, if an individual begins to behave as though divorce is imminent, parents may remind him or her that marriage is a sacred vow, or friends may complain that they would miss spending time with the couple.

Following the commitment framework, we suggest that prescriptive support can be internally or interpersonally based. *Personal prescription* refers to personal beliefs that support persisting in a relationship; such beliefs may originate in religious norms or injunctions, although nonreligious values also may underlie personal prescription. The beliefs forming the basis for personal prescription are internalized and carry the weight of a personal moral imperative. *Social prescription* refers to the belief that significant network members support persisting, for either moral or pragmatic reasons. The beliefs forming the basis for social prescription are interpersonal rather than personal; they are internalized only in the sense that the individual is cognizant of such beliefs. (That is, he or she may or may not agree with others about the desirability of persisting.) Thus the obligation deriving from social prescription resides in the individual’s desire to avoid disrupting significant network relationships (e.g., to prevent discomfort or to obtain approval). We suggest that both forms of “obligation to persist” in a relationship will account for unique variance in commitment beyond (1) “wanting to persist” because of high satisfaction, (2) “feeling bound to persist” as a result of high investment, and (3) “having no choice but to persist” because available alternatives are poor.

The literature provides mixed support for these claims. For example, although several studies have demonstrated that prescriptive support is associated positively with persistence in dating relationships (e.g., Kim and Stiff 1991; Lewis 1973; Parks, Stan, and Eggert 1983; Sprecher and Felmlee 1992), other studies have revealed null findings: For

example, Leslie, Huston, and Johnson (1986) found that parental support does not predict increases in level of involvement with a partner. Moreover, when prescriptive support has been examined in regression models along with variables such as satisfaction level, quality of alternatives, or investment size, prescriptive support accounts for little or no unique variance in commitment or stability (e.g., Felmlee et al. 1990; Lin and Rusbult 1995; Sprecher 1988).

How can we account for the weakness and inconsistency of these findings? First, previous studies employed limited operational definitions of prescriptive support; they examined aspects of social prescription but ignored personal prescription. Second, most of those studies examined premarital dating relationships. Prescriptive support may be linked only weakly with stability in such relationships because (1) individuals may not hold strong personal beliefs about persistence in a dating relationship, or (2) network members may not provide strong network support for persistence in such a relationship. Thus restricted range may partially explain the weakness of effects observed for prescriptive support variables.

Hypotheses and Overview of Research

In the present work we extend previous research in two respects. First, we examine associations of commitment with two forms of prescriptive support: personal and social prescription. Second, whereas most previous research on prescriptive support examined college students’ dating relationships, we examine a more diverse sample of relationships by adopting telephone interviews as a methodology. As in previous research, we predict that commitment will be stronger insofar as satisfaction is greater, alternatives are poorer, and investments are larger. We also predict that both personal prescription and social prescription will be associated with strong commitment, and that each variable will account for unique variance in feelings of commitment.

METHOD

Respondents

The data come from 173 individuals living in the local community, who were inter-

viewed by telephone during the fall of 1990 and the spring of 1991. A total of 254 individuals were interviewed, including 173 who were involved in romantic relationships. Fifty-six percent were involved in marital relationships; the typical marriage was over 10 years in duration (12%, two years or less; 31%, two to five years; 57%, 10 years or longer). Forty-four percent were involved in nonmarital relationships (e.g., living together, dating regularly); the typical nonmarital relationship was less than two years in duration (66%, two years or less; 31%, two to five years; 3%, 10 years or longer). Seventy percent of the unmarried respondents described themselves as "seriously involved" in their relationships. Fifty-five percent of the respondents had no children, 13% had one child, 20% had two children, and 12% had three or more.

Respondents were 36.53 years old on average, 58% were women (72 men, 101 women), and 92% were Caucasian (7% African American, 1% other). Most respondents had some college education: 62% had bachelor's or graduate degrees, 34% had completed high school, and 5% had less than a high school education. Their median personal income was in the \$20,000-to-\$25,000 range (47% earned less than \$20,000 per year, 43% earned \$20,000 to \$50,000, 10% earned more than \$50,000). Fifty-seven percent were Protestant, 20% were Catholic, 4% were Jewish, and 23% reported other religious or nonreligious orientations (e.g., Buddhist, atheist).

Procedure

The interview was administered to individuals in the local community. We collected data via a computer-assisted telephone interview, using random-digit dialing in an attempt to contact a representative sample. Telephone numbers were generated by a computer program that (1) developed randomly generated four-digit numbers, (2) produced telephone prefixes and represented each prefix in proportion to its prevalence in the region, and (3) paired prefixes randomly with four-digit numbers. Trained interviewers proceeded through the randomly generated numbers, continuing to dial each number until (1) the number was discovered to be invalid, (2) the number was determined to belong to a business or government agency, (3) the

number was dialed on three occasions without answer (at which point it was designated a no-answer number), or (4) an adult head of household was contacted.

We wished to interview about equal numbers of women and men. Thus, when a respondent was contacted, the interviewer asked for the male head of household on 50% of the calls; if no male head of household lived at a residence, the female was interviewed (and vice versa for the other 50% of the calls). The interviewer explained the purpose of the study, delivered information on informed consent, asked whether the individual was willing to participate in a 10- to 15-minute interview, and determined whether it was a convenient time for the interview. If the time was inconvenient, an alternative appointment was scheduled. At the end of the interview, respondents were debriefed and thanked for their help.

Interviewers continued to telephone randomly generated numbers until we exceeded our criterion of 200 completed interviews. We achieved this criterion after working through 1,213 numbers, of which 27% were invalid ($n = 324$), 7% were nonresidence numbers ($n = 82$), 33% were no-answer numbers ($n = 396$), and 34% belonged to qualified respondents ($n = 411$). Of the 411 qualified respondents, 38% declined to be interviewed or failed to complete the interview (respective n s = 151 and 6) and 62% completed the interview ($n = 254$). As noted earlier, this study employs data from the 173 respondents who were involved in romantic relationships.

Interviewers were undergraduate research assistants who received five hours of training, including practice interviews. Interviews were conducted from 8:00 to 10:00 PM. Each interviewer wore a headphone and was seated at one of several IBM-PC computers, linked through an IBM Model 60 server via Novell network software. Interview questions were presented on the computer screen; the interviewer read each question to the interviewee (along with response options) and entered the responses into the computer.

The Interview

After preliminary questions, the interview proceeded to items concerning relationship status. Respondents were asked whether they were married; if so, they answered questions

about the marriage. If respondents were not married, they were asked "Are you currently involved in a romantic relationship—that is, are you dating anyone, or 'seeing' anyone?" If so, they answered questions about that relationship. If a respondent was not involved in a romantic relationship, these questions were skipped. The interview concluded with items concerning demographic characteristics.

On the basis of previous research on commitment processes (Rusbult 1983; Rusbult et al. 1991), we developed eight items to measure the constructs outlined in the introduction. Previous studies had used written questionnaires employing four or more items to tap each construct, so we selected the one or two items best exemplifying each variable on the basis of previous reliability analyses (e.g., Lin and Rusbult 1995; Rusbult et al. 1986). We modified items as a result of pretesting with the interview methodology (e.g., we changed wording or clarified meaning). All items tapping features of relationships were three-option Likert scales, coded such that higher numbers reflected higher levels of each construct. All questions also included "no response" and "refused to answer" options; we treated such responses as missing data and deleted them from the analyses on a pairwise basis. (Such responses represented less than 6% of the data for any item.)

One or two items measured each investment model construct: Commitment Level (2 items: $\alpha = .82$; e.g., "How committed do you feel to continuing your relationship? Do you feel . . . very committed, somewhat committed, or not very committed?"); Satisfaction Level (2 items: $\alpha = .77$; e.g., "Overall, how satisfied do you feel with your relationship? Are you . . . very, somewhat, or not very satisfied?"); Alternative Quality (1 item: "Think about your alternatives—being on your own, dating other persons, or getting involved with someone else. In general, how

do your alternatives compare to your relationship? Would you say that your alternatives are . . . much better, about the same, or much worse than your current relationship?"); and Investment Size (1 item: "Think of the resources that are connected to your relationship—money, shared furniture or car, time you've spent together, memories you've shared. In terms of these sorts of things, how much have you got invested in your relationship? Would you say that you have . . . a great many, some, or very few things invested in your relationship?").

Two items measured prescriptive support: Personal Prescription (1 item: "Think about your personal beliefs about continuing your relationship—your personal values, religious beliefs, and so on. To what degree do these beliefs support you in continuing your relationship? Would you say that you have . . . a great many, some, or few personal values or religious beliefs that support you in continuing your relationship?") and Social Prescription (1 item: "Think about the people you care about—your family and friends, etc. Do these people want you to continue your relationship? Would you say that they . . . definitely want you to, sort of want you to, or don't especially want you to continue your relationship?"). The interview also included items measuring constructs that are not relevant to the present research, such as accommodation and perspective taking.

RESULTS

Correlational Analyses

First we calculated means, standard deviations, and simple correlations among all variables; the results are displayed in Table 1. As expected, Commitment had a significant positive correlation with Satisfaction Level, Investment Size, Personal Prescription, and Social Prescription, and was correlated nega-

Table 1. Means, Standard Deviations, and Correlations among Commitment Level, Satisfaction Level, Alternative Quality, Investment Size, Personal Prescription, and Social Prescription

	Mean	sd	SAT	ALT	INV	PER	SOC
Commitment Level (COM)	2.76	.49	.57**	-.55**	.43**	.37**	.65**
Satisfaction Level (SAT)	2.56	.54		-.45**	.19*	.32**	.45**
Alternative Quality (ALT)	1.42	.61			-.15*	-.31**	-.53**
Investment Size (INV)	2.66	.64				.21**	.26**
Personal Prescription (PER)	2.50	.67					.40**
Social Prescription (SOC)	2.63	.60					

* $p < .05$; ** $p < .01$.

tively with Alternative Quality. The correlations among variables to be employed as predictors of Commitment Level ranged in absolute value from .15 to .53.

Multiple Regression Analyses

Next, to evaluate the predictive power of the three-factor investment model, we regressed Commitment on Satisfaction, Alternatives, and Investments. The results of this analysis are displayed in Table 2 (see Model 1). The three-factor model was significant (see statistics under "Overall Regression Model"); it accounted for 52% of the variance in Commitment. Also, each variable contributed unique variance to predicting Commitment (see statistics under "Predictors"): Commitment was stronger among individuals with greater Satisfaction, poorer Alternatives, and greater Investments.

To determine whether Personal and Social Prescription account for unique variance beyond the investment model variables, we included each variable in turn in four-factor models. As shown in Table 2, both models were significant (see Model 2 and Model 3). Social Prescription, however, contributed significantly to predicting Commitment (Model 3), but the contribution of Personal Prescription was not significant (Model 2).

When both variables were included in a five-factor model, the coefficient for Social Prescription was significant but the coefficient for Personal Prescription was not (Model 4). The nonsignificance of Personal Prescription does not appear to be due to restricted range: The variance in this measure was as great as that for other model variables (see Table 1). Also, follow-up analyses suggested that the null findings for Personal Prescription were not due to multicollinearity.

Auxiliary Analyses: Subgroup Differences

We performed auxiliary analyses to evaluate the validity and generalizability of these results, examining differences across subgroups in mean levels of variables and in the strength of association among variables. We examined differences as a function of (1) Relationship Characteristics: marital status, duration of relationship, and presence versus absence of children; (2) Personal Characteristics: sex, age, education, and personal income; and (3) Religious Orientation: religious affiliation (Protestant, Catholic, other), strength of religious involvement (hours of worship per week), and self-reported importance of religion (not at all, somewhat, or very important).

Subgroup differences in levels of variables.

Table 2. Regression Analyses Predicting Commitment Level: Effects of Satisfaction Level, Alternative Quality, Investment Size, Personal Prescription, and Social Prescription

	Predictors			Overall Regression Model			
	Beta	t	p<	R ²	F	df	p<
Model 1							
Satisfaction level	.39	6.09	.01	.52	51.70	3,145	.01
Alternative quality	-.33	-5.17	.01				
Investment size	.30	5.16	.01				
Model 2							
Satisfaction level	.37	5.69	.01	.52	38.67	4,142	.01
Alternative quality	-.32	-4.96	.01				
Investment size	.29	4.83	.01				
Personal prescription	.08	1.30	.20				
Model 3							
Satisfaction level	.28	4.53	.01	.59	51.51	4,142	.01
Alternative quality	-.22	-3.58	.01				
Investment size	.26	4.62	.01				
Social prescription	.32	4.83	.01				
Model 4							
Satisfaction level	.28	4.40	.01	.59	40.34	5,139	.01
Alternative quality	-.22	-3.53	.01				
Investment size	.25	4.44	.01				
Personal prescription	.03	0.54	.59				
Social prescription	.32	4.59	.01				

We partitioned respondents into subgroups on the basis of each factor, and performed analyses of variance to determine whether levels of each model variable differed as a function of Relationship Characteristics, Personal Characteristics, or Religious Orientation. In light of the number of analyses we performed, conservative interpretation of these findings is suitable. Out of 60 tests (10 analyses for six variables), 19 effects exceeded the $p < .01$ criterion and four effects exceeded the $p < .05$ criterion (we do not describe the latter findings).

In support of the validity of our measure of Personal Prescription, this variable differed as a function of two out of three Religious Orientation factors: Personal Prescription was greater among respondents with stronger religious involvement and greater self-reported importance of religion ($F_s = 14.21$ and 12.20 ; the link with religious affiliation was nonsignificant). In support of the validity of our measure of Social Prescription, this variable differed as a function of all three Relationship Characteristic factors: Social Prescription was greater among respondents who were married, who had been involved for a longer duration, and who had children ($F_s = 40.63$, 16.71 , and 9.57). The Relationship factors exhibited parallel links with commitment and the investment model variables: Marital status, duration, and the presence of children were associated with stronger Commitment ($F_s = 36.87$, 12.82 , and 10.57), poorer Alternatives ($F_s = 21.78$, 7.75 , and 11.94), and greater Investments ($F_s = 24.41$, 9.82 , and 7.80); also, married respondents reported higher Satisfaction ($F = 11.06$). Only a few variables differed as a function of Personal Characteristics: Social Prescription and Commitment Level were greater among older respondents ($F_s = 7.62$ and 10.18) and among respondents with greater personal income ($F_s = 7.63$ and 9.94).

Subgroup differences in strength of association among variables. To determine whether Relationship Characteristics, Personal Characteristics, or Religious Orientation moderated findings reported earlier, we calculated correlations of Commitment with all model variables separately for each subgroup. (We did not perform these comparisons in regression analyses because some subgroups were too small to yield reliable estimates.) Reasoning that the effects of Religious Orientation might differ between married and unmarried

persons, we examined effects separately as a function of marital status for groups differing in religious affiliation, strength of religious involvement, and importance of religion. (It was not possible to calculate correlations for married Catholics because *all* married Catholics were "very committed" and wanted their marriages to last "for the rest of [their] lives." this ceiling effect suggests that among married Catholics, Personal Prescription against divorce may yield exceptionally strong Commitment.)

These analyses yielded 160 correlations (correlations with five variables for 32 subgroups) and 65 comparisons of effect sizes (comparisons of five effects in nine two-group, two three-group, and two four-group contrasts). Thus, conservative interpretation is suitable. Only four contrasts exceeded the $p < .01$ criterion: (1) the association of Personal Prescription with Commitment was stronger among married respondents with high religious involvement than among those with low religious involvement; (2) the association of Investment Size with Commitment was stronger among unmarried than among married respondents; (3) the association of Investment Size with Commitment was stronger among respondents reporting low religious involvement who were unmarried than among those who were married; and (4) the association of Satisfaction with Commitment was stronger among Catholics than among Protestants. Although these differences are intriguing, these effects were not replicated in conceptually parallel contrasts. For example, the effect for Personal Prescription as a function of strength of religious involvement was not significant for importance of religion.

Indeed, most correlations with Commitment observed for the overall sample (see Table 1) were replicated in these subgroup analyses: Out of a total of 160 correlations, 148 exceeded an absolute value of .25, and 142 were significant (six correlations exceeded .25 but were nonsignificant because of low power). Combined with the fact that only four contrasts differed at the $p < .01$ level, these findings suggest that our results are relatively robust. We found differences across subgroups in levels of variables, but the strength of association among variables is reliable across subgroups defined by Relationship Characteristics, Respondent Characteristics, and Religious Orientation.

DISCUSSION

These findings strongly support predictions outlined in the introduction. Once again we find that commitment is stronger among individuals who are more satisfied with their relationships, perceive their alternatives to be poor, and have invested numerous or important resources in their relationships. Each of these variables accounts for unique variance in commitment. Social prescription accounts for additional independent variance in commitment, suggesting that the belief that one "ought to persist" influences feelings of commitment in ways extending beyond "wanting to persist," "feeling bound to persist," or "having no choice but to persist."

Findings on subgroup differences in levels of variables provided evidence supporting the validity of our measures. For example, personal prescription is greater among individuals with greater religious involvement and among those for whom religion is more important; social prescription is greater among individuals possessing greater structural interdependence with their partners (i.e., in marriages, longer-term relationships, relationships with children). Findings on the strength of association among variables revealed that for nearly all subgroups, the observed correlations with commitment are consistent with those for the overall sample. These findings suggest that the basic principles outlined in the introduction do not differ across subgroups; these fundamental commitment processes stand as generalized regularities in close relationships.

What are the broader implications of our findings regarding social prescription? Although the present results support our claim that network members' preferences represent a unique source of variance in commitment, we must ask *how* such influence comes about. Earlier we suggested that the sense of obligation deriving from social prescription resides in the individual's desire to avoid disrupting valued relationships, whether or not that individual agrees with network members about the desirability of persisting. In future work it will be important to determine (1) whether central network members' wishes carry more weight than those of less central members, and (2) whether network members' wishes can influence commitment even when the individual disagrees with such preferences. Also, future

research must explore the direction of causation, determining (1) whether social prescription increases commitment, (2) whether commitment increases social prescription (e.g., committed individuals persuade others that they should support the relationship), or (3) whether both of these processes occur, yielding a "cyclical feedback loop" whereby both commitment and social prescription are strengthened.

Does prescriptive support influence pro-relationship phenomena other than commitment to persist? For example, is prescriptive support associated with the variety of pro-relationship behaviors by which committed individuals manage to sustain long-term involvement—behaviors such as accommodation and sacrifice? Michael Johnson's (1991) commitment framework suggests that although all bases of commitment may enhance intent to persist, differing bases of commitment may exert differential effects on other forms of pro-relationship behavior. For example, it is argued that desirable partner attributes strengthen "wanting to persist," which in turn may motivate pro-relationship acts that necessitate "going the extra mile" for a relationship—acts such as sacrifice or accommodation. In contrast, it is argued that poor alternatives and social prescription strengthen the sense of "having to persist," which may be a less reliable motivator of costly or effortful pro-relationship acts. Future research should determine whether commitment deriving from prescriptive support exerts effects on pro-relationship behavior that parallel the effects of commitment deriving from traditional investment-model variables. That is, do all bases of commitment exert equivalent effects on pro-relationship acts? Is "going the extra mile" promoted as powerfully by "having to persist" as by "wanting to persist"?

How should we interpret our null findings regarding personal prescription? On the one hand, it is tempting to conclude that social prescription looms larger than personal prescription: The belief that friends and family support a relationship appears to carry more weight than personal beliefs and values regarding the obligation to persist. After all, (1) multicollinearity did not explain the null findings, and (2) subgroup analyses revealed little evidence that personal prescription exhibited differing links with commitment as a function of relationship characteristics,

personal characteristics, or religious orientation. Also, the measure of personal prescription apparently was not grossly unsuitable in that (1) levels of personal prescription were no lower than levels of other model variables; (2) the variability in personal prescription was no lower than that for other model variables; and (3) subgroup analyses revealed findings supporting the validity of this measure.

On the other hand, the difference in the strength of findings for social and for personal prescription was *relative, not absolute*. The correlation between personal prescription and commitment was significant, and was not substantially lower than that observed for other variables (correlations ranged in absolute value from .37 to .65). Also, correlations of prescriptive support with commitment were significant in 27 of 32 subgroup analyses. In addition, married Catholics exhibited a virtual ceiling effect for commitment; insofar as Catholics regard marriage as a personal obligation, this finding can be construed as rather indirect support for the power of personal prescription. (The subsample of married Catholics, however, was small [$n = 18$], and married Catholics may differ from other individuals in ways other than personal prescription.)

Moreover, we observed the null findings for personal prescription in regression analyses including predictors that accounted for 50 to 60 percent of the variance; in the presence of such explanatory power, not much variance remains to be explained. Also, although we suggest that our measure of personal prescription was not grossly unsuitable, there is room for improvement. The measure tapping this construct asked respondents to consider their personal values and religious beliefs and to indicate whether such beliefs supported persistence. A priori, this item was intended to tap multiple sources of personal conviction. In retrospect, however, it is possible that the item was unreliable; it may have been experienced as confusing or double-barreled. Thus it would be premature to declare that personal prescription exerts only negligible effects on commitment. Future researchers should employ multiple operational definitions of this construct so as to examine more fully its links with commitment.

CONCLUSIONS

Before closing, we should note several limitations of this work. First, given that our findings are correlational, we cannot form confident inferences regarding cause and effect: Our hypothesis tests ask whether it is *plausible* that changes in model variables *cause* changes in commitment. Experimental studies of nonromantic commitment have demonstrated that when satisfaction, investments, and alternatives are manipulated experimentally, these variables cause changes in commitment (e.g., Farrell and Rusbult 1981). Future researchers should manipulate personal and social prescription, and should examine the impact of these manipulations on commitment. Second, although the use of a telephone interview methodology provided a relatively diverse sample, this methodology has drawbacks: To obtain measures of model variables via a brief interview, we had to employ single items with limited range. If we had examined personal prescription using multiple items with greater possible variance (i.e., more sensitive scales), this variable might have exhibited stronger links with commitment. Third, we must ask whether and how self-selection may have influenced our findings. For example, our sample of respondents was fairly well-educated, and 92 percent were Caucasian. Subgroup analyses revealed that such differences did not substantially affect the strength of association among variables. Nevertheless, future researchers should examine more representative samples of persons in ongoing relationships.

Some strengths of this research are also noteworthy. First, recall that commitment not only is a powerful predictor of persistence, but also is associated with pro-relationship maintenance acts such as accommodation, willingness to sacrifice, and derogation of alternatives. The present research extends our understanding of this central motive by (1) moving beyond the common assumption that satisfaction "tells the whole story" in accounting for stability, and (2) demonstrating that previous empirical explorations of commitment may have been shortsighted in that they neglected to examine issues involving prescriptive support for a relationship. Second, the model forming the basis for the present research is rooted in the interdependence tradition. Such embeddedness should have clear advantages: Researchers who seek

to understand commitment processes can readily "link" with this broader theory, thus benefiting from the comprehensiveness of the interdependence analysis. And finally, the present research helps integrate the commitment framework, the cohesiveness model, and the investment model, thus extending our theoretical knowledge of how and why some relationships persist and thrive over time, while others do not.

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