happiness and relationships is correlational and, therefore, causal directions remain uncertain. Second, relationships may also have psychological costs. For example, empathic responses to friends and family members can lead to personal distress (e.g., when witnessing a friend experience hardship), guilt (e.g., when one has hurt a loved one), or a lack of sense of self (e.g., when attempting to meet the needs of others at the expense of unmet personal needs). Although close personal relationships usually come with a variety of benefits, heavily investing in others can have drawbacks if that person leaves or betrays the relationship. For example, research on the happiness of widows suggests that the average widow may take years after her spouse's death to regain former levels of life satisfaction. Finally, it should be noted that whereas relationships generally promote happiness, and vice versa, this connection depends on the type of relationship. There is evidence of gender differences, with women deriving greater benefits from social affiliation and support but less happiness in marital relationships compared with men. The relation between happiness and social ties also may differ based on the specific type of relationship under consideration (e.g., family, work, friends). Thus, caution is warranted in assuming that relationships universally promote happiness.

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See also Bereavement; Dark Side of Relationships; Emotion in Relationships; Fun in Relationships; Health and Relationships; Need Fulfillment in Relationships; Singlehood

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Hard-to-Get Phenomenon

The *hard-to-get phenomenon* refers to the notion, held across diverse cultures and espoused by sources ranging from Socrates to Ovid to the *Kama Sutra,* that individuals experience greater attraction to a person who is or seems difficult to attract than to a person who is or seems easy to attract. Although theorizing on the hard-to-get phenomenon dates back to ancient times, the phenomenon did not receive empirical attention until the 1970s. This entry briefly reviews and evaluates the empirical research on the hard-to-get phenomenon in romantic contexts.

Laboratory Experiments

In 1973, Elaine Hatfield (formerly Walster) and her colleagues published a series of six experiments designed to test the hypothesis that hard-to-get women are more romantically desirable to men than are easy-to-get women. The first five experiments uniformly failed to provide any evidence in support of the notion that hard-to-get women are more attractive than easy-to-get women. In one study, for example, women who initially declined a date with a man before eventually accepting it were no more or less desirable to

the man than women who eagerly accepted the date right away. After these five failures, Walster and colleagues went back to the drawing board and recognized that there are actually two distinct ways in which a man can think of a woman as being hard to get: (1) how hard it is for *me* to get her and (2) how hard it is for *other men* to get her. The scholars hypothesized that men would be most attracted to the woman who is *selectively* hard to get—easy for them to get but hard for other men to get.

In a sixth study, college-aged men evaluated the desirability of five college-aged women who had ostensibly matched with them through a dating service. (In reality, these women's profiles were created by the researchers.) The experimenter explained that three of the five women had previously attended a session in which they had completed five "date selection forms," one for each of their five male matches. For each of these three women, the participant saw that one form included ratings of himself and the other four forms included ratings of fictitious men. One of these women was *uniformly hard to get,* rating all five of her matches as not especially appealing. One was *uniformly easy to get,* rating all five of her matches as highly appealing. And one was *selectively hard to get,* rating the other four men as unappealing but rating the male participant as highly appealing.

The men exhibited an overwhelming preference for the selectively hard-to-get woman. She was the top choice of 59 percent of them, with each of the other four women (including the two who ostensibly had not yet completed their date selection forms) winning top-choice honors from only 7 to 15 percent. The men viewed this woman as having all of the advantages of her competitors, but none of their liabilities. For example, they perceived her as being just as popular as the uniformly hard-to-get women (while being less cold) and just as friendly as the uniformly easy-to-get woman (while being more popular). Subsequent research including both men and women participants revealed a second reason why selectively hard-to-get individuals are so desirable: Being liked by such individuals raises one's self-esteem.

The notion that people who are selectively hard to get are especially desirable has gone largely unchallenged, but a series of studies from the mid-1980s partially resurrected the notion that being uniformly hard to get (or at least not being uniformly easy to get) can also inspire others' romantic interest. In contrast to the studies by Walster and colleagues, participants in these subsequent studies learned how *generally* selective a target person was—that is, without the target directly evaluating the self. Participants found targets who were moderately to strongly hard to get more desirable than targets who were easy to get in these circumstances where personal rejection was no longer implied by the hard-to-get manipulation.

Recent Real-World Evidence

Recent research by Paul Eastwick and colleagues has sought to extend research on the hard-to-get phenomenon beyond the laboratory. Scholars employed speed-dating procedures to test whether people are attracted to others who are selectively hard to get, uniformly hard to get, or both. Men and women participants completed a brief questionnaire after each of their 12 speed dates, indicating the degree to which they experienced romantic desire for that partner.

Two key results emerged. First, when a speed dater found one of the partners more desirable than the others, that partner tended to reciprocate this unique liking. This finding is consistent with the well-validated notion that people are attracted to others who selectively like them. Second, when a speed dater tended to find all of the partners desirable, those partners tended *not* to find him or her desirable in return. This finding is consistent with the notion that people are not attracted to others who are uniformly easy to get; instead, they prefer somebody who is uniformly hard to get. This study suggests that being uniformly hard to get might make individuals more desirable, but peppering one's selectivity with unique liking for a particular partner will enhance the degree to which that partner desires the self.

Conclusion

Overall, the laboratory and speed-dating studies provide robust evidence that people tend to be attracted to selectively hard-to-get others (those who uniquely like the self). These studies are less

definitive in discerning whether people tend to be more attracted to others who are uniformly hard to get than to others who are uniformly easy to get, but preliminary evidence from real-world dating encounters suggests that there may be some truth to the notion that uniformly hard-to-get people are especially desirable after all.

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See also Initiation of Relationships; Interpersonal Attraction; Reciprocity of Liking; Social Relations Model; Speed Dating

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Health, Relationships as a Factor in Treatment

Close relationships such as marriage can have either a positive or negative impact on an individual's successful adjustment to and management of a chronic health condition. Because of this influence of family on health, researchers have developed family-oriented, psychosocial, or behavioral treatments to supplement the medical care received by the ill individual. This entry describes the reasons that relationships are important to consider in the treatment of chronic illness in adulthood, the different types of family-oriented treatments, and the evidence for the effectiveness of these treatments.

Why Are Relationships Important in the Treatment of Health Conditions?

The rationale for involving a family member in treatment can be found in the biopsychosocial model of health and illness, specific marital and family systems frameworks, and family caregiving and care-receiving models. These theoretical frameworks have been supported by empirical evidence that close social relationships affect biological systems, health behaviors, and psychological well-being. Specifically, emotionally and instrumentally supportive actions by family members, as well as family conflict and criticism, affect immune function, blood pressure, and depressive symptoms, as well as future illness events (e.g., recurrence of cancer, myocardial infarction). Family members' attitudes toward illness and their own health behaviors also affect patients' decisions to follow recommendations for medical treatment and their ability to initiate and maintain difficult changes in diet and exercise.

Many of the linkages between family and health have been observed across chronic conditions as diverse as heart disease, chronic pain disorders, arthritis, Type 2 diabetes, renal disease, breast cancer, and spinal cord injury. An example of positive associations between family and health is the finding that individuals with Type 2 diabetes who have more supportive families are also more adherent over time for glucose testing, insulin injection, and a dietary regimen. In addition, for people with end-stage renal disease who are undergoing hemodialysis, greater perceived family support has been associated with greater psychological well-being, adherence to fluid-intake restrictions, and survival at a 5-year follow-up. To provide an example of negative associations between family and health, interpersonal conflict has been linked with greater disease activity (e.g., joint swelling) in people with rheumatoid arthritis.

In turn, physical illness can take a toll on patients' close family members. Patients' illness symptoms, negative mood, and need for emotional support or physical assistance often become taxing to family members over time. These experiences may result in family members' psychological distress, decreased relationship quality with the patient, caregiving burden, and poorer physical health. These consequences are especially likely in