

**Try to Empathize with Me, Show Me Support:
Effects of Perceived and Observed Social Support and Empathy
on Relationship Satisfaction**

by

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Dedication

This thesis is dedicated to the people in my life who have supported my longtime passion for psychology throughout the entirety of my schooling. They each have impacted my life in significant ways and have helped me get to this point in my education.

To my sister and best friend, Veronica Selke, for the humor and support that I could always count on no matter the time of day. The word “sister” can’t explain all the roles she has held in my life, but it is the best one. Thank you for standing by me through everything, and thank you for being my person.

To my family, for continuously asking, “How’s school?” and getting long, enthusiastic explanations as to what I was currently learning about or working on. They believed even during the most challenging circumstances that I would become a psychologist, just as I always wanted.

To my friends and boyfriend, for understanding when I could not attend social activities because of graduate work but nevertheless providing constant encouragement.

Lastly, this thesis is dedicated in memory of my mother, Wynne Selke, who passed away in 2018 while I was in my first year of graduate school. Despite being unable to see even the creation of this project, she consistently supported me in every endeavor I chose to pursue and this would have been no different. May she rest in peace.

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Abstract

Romantic relationships are common throughout the lifespan of many and are associated with mental and physical health. Research has suggested that satisfaction is a key variable in these health benefits. Using attachment theory and a clinical approach guided by it, the variables of social support and empathy were examined. Therefore, the current study used both self-report and observational measures of social support and empathy, building on work that has been done in the past with empathy alone.

Seventy-nine couples were videotaped during a discussion of a conflict topic as part of a prior project called the DisCUSS (Blasko, 2016) study, of which seventy-six were used for the present study. The videos were then transcribed and coded by three coders using an observational coding system. Perceived social support was assessed by a self-report measure that each member of the couple completed.

Gender differences between the study and demographic variables were explored. Contrary to predictions, there was no association between EA and any of the subscales of social support in the observational coding system for each men or women. Perceived partner empathic accuracy (PPEA) and self-reported social support each shared a statistically significant correlation with relationship satisfaction for both men and women. Additionally, a subscale of observed social support, attentiveness, was significantly correlated with relationship satisfaction again in both women and men.

The findings overall did not support the hypotheses. Results, however, did show that perceptions of both support and empathy appear to be important to prediction of relationship

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satisfaction. Moreover, observationally coded attentiveness in both men and women was associated with greater satisfaction. The results of the study are severely limited by the lack of reliability of observational coding measure. However, encouraging spouses to attend to one another and engage in behavioral exchanges that could be perceived as supportive/empathic could ultimately improve relationship satisfaction.

Chapter I

Introduction

Romantic relationships are a central part of the human experience. In 2010, 57% of a sample comprising of 229,120 Americans 15 years and over were married (Census Bureau, 2012); however, marriage rates have decreased in recent years (Isen & Stevenson, 2011). Regardless of this decrease, individuals obtain a number of positive benefits through the pairbond or marriage, including support, security, comfort, and acceptance (Markey, Markey, & Gray, 2007) and provides each spouse with companionship and physical affection (Dehle & Landers, 2005).

What is even more remarkable about marriage is the association between romantic relationships and health, both physical and mental (Markey et al., 2007). Overall, research has consistently shown that married people are healthier than those who are not (Loving & Slatcher, 2013). Some research suggests that greater health benefits are experienced by married couples versus couples who are solely living together (Braithwaite & Holt-Lunstead, 2017). The overall health benefits of relationships impact both men and women, although men often manifest amplified effects (Whisman, Uebelacker, & Settles, 2010).

The presence of a spouse alone, however, does not necessitate health and it appears that the quality of relationship moderates the association between marriage and health. Specifically, a positive marriage buffers the negative health effects associated with external stressors more than an unsatisfied relationship (Slatcher, 2010). For instance, Loving and Slatcher (2013) and Whisman et al., (2010) found that people who are in satisfying, well-adjusted relationships

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exhibit positive health outcomes, including “healthier” biological profiles. These profiles may consist of a better functioning of immune systems and lower rates of metabolic syndrome than those in less satisfying relationships (Loving & Slatcher, 2013; Whisman et al., 2010). Therefore, satisfaction in a relationship is the variable of importance, not marital status alone (Loving & Slatcher, 2013). Relationship conflict has also been linked to both the onset of and increases in the length/severity of mental health issues (Snyder & Whisman, 2004; Whitton & Whisman 2010). Moreover, relationship dissatisfaction between partners is heavily related to emotional turmoil and distress for both males and females (Røsand, Slinning, Eberhard-Gran, Røysamb, & Tambs, 2012).

Relationship Satisfaction

Relationship satisfaction predicts well-being in romantic dyads, as well as how long relationships will last (Barnes, Brown, Krusemark, Campbell, & Rogge, 2007). The literature provides clear support that partners’ perceptions of relationship satisfaction are linked to one another (Whisman & Baucom, 2012). Specific to marriage, greater physical health is experienced by those who have higher-quality relationships (Robles, Slatcher, Trombello, & McGinn, 2014).

What predicts relationship satisfaction? Numerous studies have attempted to understand the most significant factors that relate to the prediction of relationship satisfaction. Some research has suggested that relationship satisfaction is a result of people’s general relationship expectations and their feelings about a given partner. Specific dyadic relationship models, however, seem to be applicable to understanding satisfaction within one’s romantic relationship (Franiuk, Cohen, & Pomerantz, 2002).

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For instance, according to attachment theory, individuals are driven to connect and bond with people close to them (Bowlby, 1988). Within this bond, individuals find safety and can regulate emotional experiences, particularly in times of stress. In a dyadic relationship, satisfaction is associated with the closeness, responsiveness, and availability one feels with their partner (Dagleish et al., 2015). Couples who are secure in attachment show greater levels of relationship satisfaction (Senchak & Leonard, 1992). Furthermore, emotionally focused couple therapy—an empirically supported psychotherapy for couples—is rooted in this model and seeks to build on this attachment to enhance relationship satisfaction through building couples' skills in support and intimacy (Dagleish et al., 2015).

Consistent with the tenets of attachment theory, research has shown support elicited from a spouse to be one of the most important factors in satisfying marital relationships, beyond that of general social support from one's larger network (Acitelli, 1996). Multiple studies have found positive associations between satisfaction with spousal support and subsequent marital satisfaction and adjustment (Julien & Markman, 1991; Pasch & Bradbury, 1998; Patrick, Sells, Giordano, & Tollerud, 2007); however, this finding has been shown to be impacted by gender. A more detailed description of social support is discussed below.

Intimacy is the other variable attachment theory highlights as important to a satisfying relationship. Malone and Malone (1987) described intimacy as knowing yourself while being with someone else. Similar skills are also needed for empathy, as, self-awareness and authenticity are crucial for effective and honest communication (as cited in Patrick et al., 2007). Mitchel and colleagues (2008) noted a direct association between empathic responding and intimacy in a sample of college couples. Similarly, Mirgain and Cordova (2007), noted that emotion skills (which includes elements of empathy) are associated to relationship satisfaction

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via the role they play in intimacy. While intimacy may be distinct from empathy, the qualities shared between the two variables, and how the accuracy of empathy may potentially influence relationship satisfaction, is worth noting.

Based on these key variables extrapolated from attachment theory, the current study seeks examine the ways social support and empathy, contribute to overall relationship satisfaction. Previous studies have established that satisfying relationships are critical to health and wellbeing. By better understanding the association between support, empathy, and relationship satisfaction, the potential health benefits of a satisfying relationship may be enhanced. In the present study, support and empathy/understanding are measured using multiple methods (i.e., self-report [perceived] and objectively rated). Perceived and observed social support will be examined, alongside perceived and observed empathy, in order to consider what is most important for predicting and measuring relationship satisfaction.

Social Support

This manuscript examines social support within a dyadic framework; therefore, the term “social support” will be used hereafter to represent spousal social support. A full review of the literature on support from other interpersonal relationships or community is beyond the scope of this literature. Readers can be directed to the *Handbook of Social Support and the Family* (1996) for more information on these literatures. Research has suggested that there does appear to be anything specific about support from one’s spouse; regarding those who are single, one’s network of support does not appear to equate to support provided within marriage (Holt-Lunstad, Birmingham, & Jones, 2008). A review of theoretical considerations for spousal social support, common definitions of social support, and recent research regarding social support in couples is provided below.

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Models of social support. Within the literature, there are several models of social support that have been used within the context of a dyadic relationship, including the main-effect (or direct-effect) model. This model suggests that support provision by one's spouse, regardless of other intra-individual or environmental factors, will be linked to more positive outcomes in the relationship (Cohen & Wills, 1985). Cohen, Gottlieb, and Underwood (2000) further argue that the benefits of social assistance are helpful when provided to a partner even during times without stress. Other models (Burman & Margolin, 1992; Slatcher, 2010) discuss the role of support in a stress-buffering role, suggesting that social support provision is most beneficial when people are dealing with stress-fueled events or interactions (Slatcher, 2010).

Cutrona (1996) introduced four ways that social support may increase relationship satisfaction and quality within a marriage. First, support may diminish isolation within the relationship during times of stress. Second, social support may limit the negative effects and overall presence of depression. Third, support may stop conflict from growing in the relationship. And lastly, support may increase emotional intimacy by creating beneficial experiences. This is just an introduction as to the many ways that partners may provide support to one another.

Defining social support. Pasch and Bradberry (1998) broadly described social support as the mechanism through which spouses help each other to cope with personal stressors. More specifically, Jacobson (1986) described emotional support, which refers to behavior that creates feelings of comfort and leads a person to believe that they are loved; cognitive support, which is useful information and knowledge that aids someone in understanding their environment while adapting to its changes; and material support, which can be described as aid and services intended to solve problems in a practical manner. Although several "types" of support have been

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identified in the literature, an important distinction in the literature concerns whether or not support is actually given to one partner from the other, or if it is only perceived to be as such. Perceived support is a significant others' perception/interpretation of either accessibility or suitability of support provided by their respective partner (Dehle, Larsen, & Landers, 2001). Furthermore, Procidano (1978) determined perceived social support to be when a person believes that their supportive needs are satisfied and accomplished by another person (as cited in Procidano & Heller, 1983). Perceived sufficiency of social support provided by a husband or wife is related to both the individuals' and couple's functioning (Dehle et al., 2001).

Social support has been thoroughly studied for decades; and, based on this work it is imperative to acknowledge whether or not someone views an interaction from their partner as supportive or meeting their needs. The literature differentiates perceived support from enacted (carried out) support; this is a necessity, because perception is vastly different from behavioral actions (Verhofstadt et al., 2007). Although the study was not directly focused on support, Blasko (2016) suggested that the difference between perceived and enacted social support is that perceived support does not require a certain amount of objective support, only that the individual receiving or wanting to receive the support interprets it as such.

Support access refers to both the value and amount of support available that people are able to receive; furthermore, when this support aid is used by people, it is referred to as enacted support (Tardy, 1985). In order to measure perceived versus enacted support, observational methods have been previously utilized (e.g., Verhofstadt et al., 2007). When comparing self-report versus observed measures, studies have found differences in social support. Moreover, previously noted gender differences in perceived vs. enacted support are not always observed when observation methods are utilized (Verhofstadt et al., 2007).

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Alternatively, Suhr, Cutrona, Krebs, and Jensen (2004) noted that an alternative approach to enacted social support could be defined as what is observed within a dyad. Cutrona and Suhr (1992, 1994) and Suhr (1990) identified several types of observed supportive behaviors including Emotional Support, displayed as empathic care; Esteem Support, displaying affirmation in one's partner's abilities; Information Support, giving advice to aid in solving a problem; Tangible Aid, providing specific or physical resources to solve an issue, and Negative Behaviors, displayed as interruption and criticisms in response to one's partner's crisis (as cited in Suhr et al., 2004). Additional observed support may include Social Network Support, reminders and reassurance to a person that they are not alone; Tension Reduction, efforts to relieve discomfort by means of joking or distraction, and Attentiveness, acknowledgement or recognition of what a person has told their partner (Hunter-Holmes, 2004).

Unfortunately, there is a gap in the current literature as to what specific behaviors are perceived to be supportive by a spouse or significant other (Suhr et al., 2004). This missing piece is partly due to some behaviors not being intended or perceived overall to be supportive. In order to fill the literature's present gap, interactions between couples studied through observational methods are needed to fill this gap in order to identify what behaviors are perceived to be supportive and to determine what they contribute to perceptions of support between spouses as a whole (Suhr et al., 2004).

Social support and relationship satisfaction: Results are mixed. Despite various definitions of social support, there does appear to be a robust link between social support and relationship satisfaction. Overall, married individuals who receive more valuable, efficient support from their spouse report higher marital satisfaction than those who are unsupported (Verhofstadt, Buysse, Ickes, Davis, & Devoldre, 2008). Additionally, Brown and Harris (1978)

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found that support from other family members did not make up for a lack of support provided by a spouse when considering depression vulnerability (as cited in Dehle et al., 2010). This finding suggests that although support may be elicited from anyone, that there is something uniquely beneficial regarding support given by a spouse. Again, despite understanding and devotion playing key roles in satisfying relationships, there has yet to be a focus on social support between spouses specifically (Dehle et al., 2010).

Social support may also be a potentially crucial factor in understanding how spousal conflict develops over time (Pasch & Bradberry, 1998). Schuster, Kessler, and Aseltine (1990) indicate that romantic relationships have, for some time, been known to provide both supportive and potentially harmful interactions. However, research on social support has been focused on the supportive benefits one may receive from their social relationships rather than the negative features. Cramer (2006) found that a shortage of emotional support may be linked to dissatisfaction in dyadic pairings. Indeed, Cramer (2006) found that encouraging couples to be emotionally supportive of their partners has been suggested as a potential target in couples-based therapy approaches. His research further suggests that promoting couples to support each other through emotional means may increase successfulness of couples' counseling and quality of the romantic relationship (Cramer, 2006).

Although there is a link at times between social support and relationship functioning variables, the association between them appears to be inconsistent at times (Blasko, 2016). More specifically, Helgeson (1999) and Kaul and Lakey (2003) describe enacted support as being inconsistently related to relationship satisfaction (as cited in Blasko, 2016). Kaul and Lakey (2003) further noted that perceived support is not demonstrably significant from more general, established reporting and evaluating of relationships.

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Despite awareness of the importance of social support in a romantic relationship, questions remain regarding this variable in marital relationships and the processes which initiate its foundation, presence, and perceptions (Devoldre, Davis, Verhofstadt, & Buysse, 2010). Even more so, less is known about the functionality and what is at the core of providing support in a marriage (Devoldre et al., 2010). A lack of ample evidence also suggests which factors in particular may help or hinder the presence of social support while in a relationship, as most studies of social support have been based primarily on self-report measures. Consequently, observational examinations of couples' interactions are now necessary to clarify which literal behaviors are perceived to be supportive. In addition, it would necessitate to study couples' contributions to general perceptions of support and subsequently relationship satisfaction within couples (Suhr et al., 2004).

Given these limitations, the current study seeks to enhance understanding and fill missing gaps within the literature. Therefore, the study will utilize a coding system that has been created for observational measurement of social support in a couple's context in addition to self-reported measures of perceived social support. The determined coding method, the Social Support Behavioral Code (SSBC; Suhr et al., 2004), centers around the idea that social support is a multidimensional construct.

Intimacy and Empathy

Not only is social support critical in relationship satisfaction, but also the variable of intimacy. Malone and Malone (1987) describe intimacy as the capacity to know yourself while around someone else; therefore, one's self-awareness is critical for intimacy (as cited in Patrick et al., 2007). Self-focused models of intimacy theorize that individuals achieving a higher level of intimacy have a greater ability to present themselves authentically in a romantic relationship;

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additionally, they are able to more effectively communicate their needs to their partner (Patrick et al., 2007). Furthermore, Patrick et al. (2007) also discuss that higher levels of satisfaction are associated with higher levels of intimacy as well, while higher levels of intimacy may aid in greater ability to work through conflict in romantic relationships (Patrick et al., 2007).

People in romantic relationships trying to understand their partner's point of view may also try to obtain high empathic accuracy (EA) in order to emphasize mutual support and satisfaction in their relationship (Sened, Lavidor, Lazarus, Bar-Khalifa, Rafaeli, & Ickes, 2017).

Although there does appear to be promise in the exploration of empathy in future literature, the subject faces concern similar to those of social support. Specifically, there are numerous problematic, conceptual, and methodological issues within the empathy literature. Most notable is that the literature examining and describing empathy is somewhat unclear on specific definitions of this term, and various definitions of empathy have been used in the literature. A current, yet broad, definition of empathy is "the ability to vicariously experience and to understand the affect of other people" (Lockwood, 2016, p. 263). While there may not be a specific definition that is established and supported by all researchers, it should be taken into consideration that the more specific cognitive and affective components of empathy may be integrated as well, contributing to the variation in defining this term (Lockwood, 2016).

How has empathy been studied in couples? The Interpersonal Reactivity Index for Couples (IRIC; Pélouquin & Lafontaine, 2010), a modified version of the Interpersonal Reactivity Index (IRI; Davis, 1980), intended to measure different facets of empathy, specifically in romantic relationships. There were 14 items which made up the Perspective Taking and Empathic Concern subscales, and they were changed to fit the context of examining intimate relationships specifically (i.e., the wording of the items were adapted to clarify inquiry regarding

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one's romantic partner only) (Péloquin & Lafontaine, 2010). The use of these 2 subscales as part of the IRIC were utilized over 3 independent samples of people in both heterosexual and homosexual relationships; it also demonstrated multiple distinctions of validity and remained relatively consistent over the course of 18 months in the validation of the test (Péloquin & Lafontaine, 2010).

From a couple's perspective, what may perhaps be even more critical than self-reports of empathy is actually how accurate an individual is in understanding someone. Empathic accuracy (EA) is known as the specific ability to understand inner thoughts and feelings of another person. When looking at both relationship satisfaction and empathic accuracy, these variables have been seen to share a small yet consistent positive association with one another, with stronger associations being reported from couples in moderate-length relationships compared to shorter relationships (Sened et al., 2017).

Similar to social support, a concept which is arguably as important as EA, is perceived partner empathic accuracy (PPEA). According to Blasko (2016), PPEA is whether the individual perceives that their partner understood what they meant to communicate, is identified as perceived partner empathic accuracy (PPEA). Blasko (2016) clarifies that although EA and PPEA initially sound similar, PPEA refers more to an individual's perception of their partner's understanding of what they said, regardless of whether the perception was correct or not.

In addition to the "clouded" literature on social support and relationship satisfaction, there are also clear gaps in the literature for empathy. One such gap is the possibility that empathy may complement social support's influence, which is consistent with the tenets of attachment theory presented earlier. This possibility is logical, as empathy has been suggested to be an ability of people who exhibit successful social interaction (Melchers, Li, Haas, Reuter,

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Bischoff, & Montag, 2016); therefore, it is reasonable to understand why empathy is such an important facet in healthy romantic relationships. Moreover, work by Devoldre and colleagues (2010) found that individual differences in empathy are linked to social support in romantic relationships; more specifically, various differences within facets of empathy, such as emotional depth in the relationship, may present a significant effect on support provision (Devoldre et al., 2010). Additionally, empathy has been linked to social support perception. Trobst, Collins, and Embree (1994) found through two concurrent studies that support suppliers' care and concern impact how supportive their responsiveness is due to the crucial part emotion plays in delivery of support. However, what is unknown is if the subjective/objective nature of these variables might influence this potential association.

Present Study

Marriage and romantic relationships are prevalent and have consistently been associated with both mental and physical health benefits. Relationship satisfaction is a variable of particular interest, but research regarding what actually predicts relationship satisfaction is mixed. By using attachment theory as a framework, the variables of social support and intimacy/empathy appear critical to understanding driving factors in relationship satisfaction. The literature on social support has generally shown that support provision can be helpful to relationship satisfaction, but inconsistencies in how support is measured and effects that can sometimes vary by gender cloud the literature. It may be related to whether support is actually elicited or merely perceived, and this study seeks to unpack this possibility.

Attachment theory also suggests that empathy, as a part of intimacy within a dyad, may be another variable of importance. Similar to the work on social support, various conceptualizations of empathy have been explored in the literature. Past studies have shown that

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EA is somewhat inconsistently associated with relationship satisfaction, and that PPEA is quite important. What is not known is how empathy (objective or perceived) and social support together impacts relationship satisfaction.

Hypotheses

1. Perceived social support, observed social support, perceived empathy, and observed empathy, will be positively related to relationship satisfaction.
2. Observed social support will be positively associated with observed empathy (EA).
3. Perceived social support and observed social support together will account for more variance in relationship satisfaction than either variable alone.
4. Lastly, it will be explored if it is observation versus perception, or social support versus empathy that is associated with relationship satisfaction.
 - a. Follow-up analyses will examine if one or more variables is a significantly stronger predictor of relationship satisfaction than other.
 - b. Based on the above analyses, the combined effects of empathy and support on relationship satisfaction will be explored.

Chapter II

Methods

Participants

The data for the current project were collected as part of another research project titled the DisCUSS study (Discussion of Couples' Understanding and Social Support; Blasko, 2016) through the University of Michigan - Dearborn. The original project used video recordings to complete an empathic accuracy task. Although included in the original IRB approval, observational coding of these video recordings was not a part of the original research project. As such, new data for this project involved the observational coding of these video recordings with analyses focused on this existing self-report and empathic accuracy data. There were 79 couples who participated, but 3 of them were excluded from this study. Two couples were not able to complete the study due to technical issues related to the videotaping, and another was unable to participate due to a research assistant staffing issues.

General demographic information for participants can be found in Table 1. As can be seen, ages of participants ranged from 18 to 64 years old ($M = 21.6$ years; $SD = 7.08$). The average relationship length ranged between 5 months and 41.33 years ($M = 37.72$ months, or 3.14 years; $SD = 69.38$ months, or 5.78 years). It should be emphasized that couples must have been in a romantic relationship for at least the past six months, but that one couple member reported a relationship length of five months when their partner had reported six months. To keep the sample size intact, this particular couple was not removed from the data analysis. The sample was diverse in terms of ethnicity, race, and year in college. As can be seen, few couples

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had children and the majority were single/dating at the time of the study. Missing data for sections on the demographics form can also be found in the table.

Measures

Demographics. Each participant filled out a demographics survey which collected data including their age, marital status, year in school (if enrolled), ethnicity, race, relationship anniversary, gender, and number of children, if applicable (see Appendix A).

Self-report measures. In addition to filling out a demographics questionnaire describing various qualities about themselves, participants also filled out a number of other questionnaires inquiring about information including their romantic relationship and its dynamics. Questionnaires administered to the participants included the Dyadic Adjustment Scale (DAS; see Appendix B) and the Multidimensional Scale of Perceived Social Support (MSPSS; see Appendix C). In addition, participants were asked to self-report on aspects of empathy (Perceived Partner Empathic Accuracy; PPEA) as part of the empathic accuracy paradigm described later. Means and standard deviations for the self-report measures can be found in Table 2.

Dyadic Adjustment Scale (DAS). The Dyadic Adjustment Scale (DAS) is a well-known self-report measure that is designed to examine relationship satisfaction in couples (Spanier, 1976). It has been used in both research and clinical treatment settings. Most items on the 32 question DAS are designed to examine the respondent's perception of the relationship and the way in which both members function cohesively as a unit, while a small number of items examine the individuals' general adjustment to the relationship (Spanier, 1976). One item on the DAS was consistently missed by participants in the study. The item (which assessed how frequently an individual and their partner fight/quarrel) was left blank by 47 participants. As a

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result, the scaled score for the DAS was calculated without this item. Reliability in the current sample with this item removed still remained high ($\alpha = .88$). It can also be noted that there was one participant who missed seven items on the DAS, which is about 23% of the measure, therefore this individual was not included in analyses with the DAS.

Multidimensional Scale of Perceived Social Support (MSPSS). The Multidimensional Scale of Perceived Social Support (MSPSS) is a self-report measure containing statements that participants answer using a Likert-style scale (ranging from 1 = *very strongly disagree* to 7 = *very strongly agree*), thus rating their levels of perceived support (Zimet, Dahlem, Zimet, & Farley, 1988). Although participants completed the entire 12 item scale, the current study used only the subscale of significant other support. This subscale has four items that tap perceived support provision by a “special other.” Alpha for the significant other subscale of the MSPSS was excellent ($\alpha = .94$). It should be noted that one participant did not complete the MSPSS scale in its entirety, missing all twelve items.

Perceived partner empathic accuracy (PPEA). Perceived partner empathic accuracy (PPEA) is described as a partner perceiving that their significant other accurately understood their thoughts and feelings at that time, regardless of the actual accuracy. As part of the empathic accuracy paradigm described below, participants were asked to rate on a scale of 1-10 (where 1 = *not at all* and 10 = *complete understanding*) how well their partner understood their thoughts/feelings. They were asked to rate this for each thought/feeling inference and ratings of perceived empathy were averaged across inferences to create a score of perceived partner empathy. The mean PPEA score for the total number of participants in this study was 6.59 ($SD = 1.94$) with a range of 8.75, and values from 1.25 to 10.

Coded Variables

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Empathic accuracy (EA). Empathic accuracy (EA) can be described as the ability or action of understanding what a person is thinking or feeling (Winczewski, Bowen, & Collins, 2016). EA was coded consistent with the empathic accuracy paradigm outlined by Ickes (2001). Research assistants were trained to code EA in the original study. Four assistants were trained over a span of four months to rate and code for EA with booster meetings as needed to make sure all four coders were rating EA reliably (Blasko, 2016). Raters were asked to examine one partner's recorded thoughts or feelings alongside their partner's inferences of those same thoughts and feelings (Blasko, 2016). Raters used a coding system which utilized a 0 to 2 scale, with 0 meaning the information is distinct and different, 1 meaning it shares some similarities but is not exactly the same, and 2 meaning the information was essentially the same. EA scores were then calculated across inferences and across raters.

The mean EA score for all participants in the present study was 14.12 ($SD = 12.79$) with scores ranging from 0 to 56.25. Higher scores represent higher values of EA (Blasko, 2016). Means EA for women was 13.84 ($SD = 13.65$) with a range of scores between 0 and 56.25. The EA mean for men was 14.39 ($SD = 11.95$) with EA values ranging between 0 and 50. The overall reliability for ratings in this study was $\alpha = .95$, which is very good.

Social Support Behavior Code (SSBC). The Social Support Behavior Code (SSBC; Suhr et al., 2004) was utilized to code behaviors of social support from the original video recordings (see Appendix D). The SSBC's intended purpose is to code the frequency of several types of support during a couple's interaction. The specific types of social support codes include: Informational Support (IS), Emotional Support (EMOS), Esteem Support (ESTS), Tangible Aid (TA), Social Network Support (SNS), Tension Reduction (TR), Attentiveness (AT), and Negative Behaviors (NB) (Hunter-Holmes, 2004). The coding system yields a subscale score for

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each of the types of support as well as a total support score for all behaviors coded (Suhr et al., 2004).

In development of the SSBC, Suhr et al. (2004) describe that this coding system ideally be used in laboratory settings with typical protocol having one couple member randomly decided as the “discloser”. The “discloser” brings up a personal problem that has not been a previous issue for the couple, while the other member is the “listener” (Suhr et al., 2004). The couple is then asked to talk about this problem for 10 minutes. This was not the procedure for the DisCUSS study (see below for procedure); however, the SSBC has been used in alternative formats in other studies (e.g., Dehle & Landers, 2005).

The SSBC eight subscales are described in this paragraph with more specific definitions of each (Hunter-Holmes, 2004). Informational support (IS) is comprised of teaching information or re-assessing situations, while emotional support (EMOS) may be comprised of physical touch and expressing concern for a partner’s emotional well-being. Esteem support (ESTS) may include validation from a partner of what they are feeling, and tangible aid (TA) involves willingness to help a partner. Social network support (SNS) included providing a partner with a network of helpful resources or people in a time of need, and tension reduction (TR) includes humor or jokes to ease stressful situations. Lastly, attentiveness (AT) involves a partner acknowledging their significant other’s speaking, and negative behaviors (NB) are comprised of criticism or interruption towards a partner when they have been talking.

In order to code the DisCUSS data using the SSBC, tapes of the couples’ interactions were transcribed to ensure accuracy while coding. Three research assistants, who would later be training in the SSBC system, along with the PI of the study completed the transcription. Following transcription three coders were trained in the SSBC by the PI over the

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course of four months. It should be noted that one student was eliminated from the research team and another added during the coding process. After learning the coding system, the coders and PI coded a practice transcript provided by Dr. Cutrona (developer of the SSBC) to examine reliability. Coders then completed coding on couples 1-10 together to further ensure appropriate reliability of coders. As coding continued, all coders completed every fifth transcript to ensure ongoing reliability. Four booster meetings to review material pertinent to coding were held over the course of the coding process, while coding the transcripts took place over approximately nine months. Overall, at least two people coded each couple's transcript derived from the respective videotape.

Despite training and booster meetings, the overall reliability for the SSBC was poor (see Table 3). A Krippendorff's alpha of .8 is a good value to obtain for interpretation, while anything between .67 and .8 is acceptable. Any alpha levels below .67 are not able to be interpreted accurately. Examination of the data showed that one coder was coding all variables at a higher frequency than the others, therefore it was decided that the data would be categorized in high, medium, and low levels of frequency for each coder. Tertiary split was conducted for each rater and each type of support coded and then values of 1, 2, or 3 were substituted. Reliability was rerun and results showed some improvement across types of support. Therefore, the categories were used to make an overall score across raters for each participant for each type of social support. Means and standard deviations for the coded social support variables can be seen in Table 3.

Procedure

DisCUSS Study. In order to be eligible for the study, participants were required to be in a romantic heterosexual relationship with a duration of at least six months. In addition, one or

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both participants were students at the University of Michigan-Dearborn. Participants either received course credits for their Introduction to Psychology class through the university's online research study system (SONA) or were entered in a lottery to win a \$50 Visa gift card for their time/effort. Couples were recruited for the original study's purposes through fliers and through a listing on SONA. The identification for winning a gift card was not linked to the participant ID in the study, and only one lottery drawing was completed during the DisCUSS study.

Upon couples arriving to the lab, they were asked if they were there to participate in the DisCUSS study. If only one couple member arrived, they were given the opportunity to reschedule with direction to both come the next time. If both members arrived and wished to complete the study they were provided with an informed consent which described broad objectives of the study, what would be required of them, possible but unlikely risks, and the choice to withdraw from the study at any time if they chose to do so. In addition to being in a romantic relationship for at least 6 months, be at least 18 years old and being willing to participate, both members must be able to both read and write in English (verbal screening script in Appendix E). If one or both couple members did not meet inclusion criteria after they completed written consent, they were given credit for participating and thanked for their time.

In addition to the measures described above, there were a number of measures and tasks that couples engaged in for the original study that were described elsewhere (Blasko, 2016); but for the purposes of this thesis only the procedures relevant to the study hypotheses are described here.

Observational Coding Procedure. The PI and three original research assistants recruited for help with the project started the transcription of videotapes. The PI, along with the three assistants, both transcribed the videotapes and coded the transcriptions. About halfway

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through the transcribing process, one original assistant was removed from the team and replaced by another assistant who solely transcribed videos.

All videotapes were ten minutes long and contained conflict-derived discussions from each couple. Transcription of videotapes took anywhere from ten minutes to four or five hours if content was difficult to hear or couple members talked rapidly. The PI instructed the assistants to type up exactly what each couple member said during the discussion, without approximations. The assistants were also taught to rewind the video up to three times in order to understand inaudible phrases or words. If after three times of listening to muffled parts of the discussion, the team was told to write “inaudible” in parentheses to signify the verbiage could not be heard or understood.

Transcriptions were completed during the weekdays when the assistants were able to obtain access to the designated lab from a key given to them from a department office. The PI was given access to the lab at all times to complete transcriptions. The process took place in the lab where the study was held originally and was completed over the course of approximately five months. Furthermore, transcription could not be completed outside the laboratory because identifiable data cannot leave the lab.

Chapter III

Results

While running analyses, data was split by gender due to interdependence effects within the couple. Prior to any data analysis, data were cleaned and screened. There were five instances where a participant missed one or two items on one of the self-report measures (not including the fight/quarrel item discussed in the DAS earlier). In these instances, a mean substitution was conducted for that specific item. Examination of univariate outliers was also conducted. Univariate outliers were found in the following variables of interest: EA, PPEA, MSPSS-SO, DAS, and in the categorial ratings of IS, SNS, and TR. Univariate outliers were addressed through winsorization. Several variables were skewed and when appropriate transformation was conducted to correct the skew. Five multivariate outliers were identified, and analyses were run with and without these participants. Results with the multivariate outliers were similar so they were left in for the analyses presented here to maintain sample size.

Analyses were then conducted to explore if any demographics were associated to study variables. Results showed that there were no differences between gender on any of the variables including DAS, MSPSS-SO, observed social support, EA, and PPEA. There was also no difference between genders on age or relationship length. There were not any significant associations between demographic variables and the outcome variable relationship satisfaction. There was, however, an association between race and coded AT and Total Support where African American/Blacks and Caucasian/Whites demonstrated lower levels of AT [$F(3, 149) = 3.64, p < .05$] The mean for Caucasian/Whites for AT was 1.88 ($SD = .71$), while the AT

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mean for African American/Blacks was 1.64 ($SD = .92$). The Total Support mean for Caucasian/Whites was 1.95 ($SD = .68$), and the Total Support mean for African American/Blacks was 1.83 ($SD = .94$). Total Support levels for African Americans/Blacks and Caucasians/Whites were lower as well [$F(3, 149) = 2.73, p < .05$].

To test the first hypothesis which examined the association of social support and empathy to relationship satisfaction, bivariate Pearson correlations were run amongst study variables. Results can be found in Table 4. Results of these associations showed that for men, relationship satisfaction was positively associated with PPEA, MSPSS-SO, and observed AT. It should be noted that the correlation between observed ESTS and relationship satisfaction ($r = .21$) for men was marginally significant ($p = .06$). For women, relationship satisfaction was associated with PPEA, MSPSS-SO, and observed AT. It can be noted here that the correlation between observed Total Support and relationship satisfaction ($r = .22$) was marginally significant ($p = .06$). Lastly, PPEA and ESTS were correlated significantly in men ($r = .26; p = .05$).

This table also shows that for men, the correlation between PPEA and relationship satisfaction ($r = .53$) was statistically significant ($p = .01$), as was the correlation between MSPSS-SO and relationship satisfaction ($r = .49; p = .01$). The correlation between AT and relationship satisfaction ($r = .29$) was significant as well ($p = .01$). In women, PPEA and relationship satisfaction were correlated ($r = .28; p = .01$), just as were MSPSS-SO and relationship satisfaction ($r = .49; p = .01$). Relationship satisfaction and AT in women were statistically significantly correlated ($r = .28; p = .01$).

To test hypothesis 2, which focused on the association between observed support and EA, Pearson bivariate correlations were conducted between EA and the eight (as SNS was removed)

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observed social support codes. Interestingly, the results showed no significant correlations between EA and any of the eight social support codes, in either men or women.

The combined effect of perceived and observed social support, hypothesis 3, was tested to see how their contribution directly predicted relationship satisfaction. Based on the bivariate analyses conducted above, observed social support variables that were associated with relationship satisfaction (only AT) along with self-reported social support were simultaneously entered into a linear regression model. This was done separately for men and women. Additionally, the partial correlation was gathered from this analysis to examine the unique contribution of attentiveness and self-report social support individually. As can be seen in Table 5, the regression for men accounted for approximately 28% of the variance in relationship satisfaction. The partial correlation for AT ($pr = .23$) suggests that this variable accounts for approximately 5% of the variance in the DAS. The partial correlation for MSPSS-SO ($pr = .47$) suggests that this variable accounts for approximately 22% of the variance in the DAS.

As can also be seen in Table 5, the regression for women also accounted for approximately 28% of the variance in relationship satisfaction. The partial correlation for AT ($pr = .24$) suggests that this variable accounts for approximately 6% of the variance in the DAS. Lastly, the partial correlation for MSPSS-SO ($pr = .47$) suggests that this variable also accounts for 22% of the variance in the DAS.

To test the fourth hypothesis, a linear regression was run with study variables found to be not significantly correlated with each other while predicting relationship satisfaction split by gender. In order to see which variables were insignificantly related, Fisher Z-Transformations were computed from each r score, yielding z -scores and significance levels for the associations. Interaction effects were then tested for each pair of variables computed in the regression together

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that were insignificantly related to see whether this extra step would now lead to any significant associations.

Interactions between PPEA and MSPSS-SO, EA and AT, PPEA and AT, and EA and PPEA were run a linear regression to test for unique contributions toward relationship satisfaction, as they were found to have insignificant associations with each other. Only one interaction was found to be marginally significant in women between MSPSS-SO and PPEA, or self-reported social support and empathy perception, when predicting relationship satisfaction as can be seen in Table 6 ($t = -1.77$; $p = .08$). No other significant associations were found through testing of interactions for either men or women.

Chapter IV

Discussion

The goal of this project was to fill current gaps in the literature as to what predicts relationship satisfaction. Specifically, using attachment theory as a framework the variables of social support and intimacy/empathy were identified as critical to relationship satisfaction. However, while reviewing the literature there were mixed findings, likely due to various measurement techniques (e.g., self-report vs. objective measures). This study utilized both types of measures of these variables to help better understand their role in the prediction of relationship satisfaction. It was hypothesized that both objective and self-reported measures of support and empathy would be positively linked to relationship satisfaction. Moreover, the combined effects of these variables were explored.

The first hypothesis, which explored the associations between self-reported (perceived) and observed social support and empathy variables of the study, was partially supported. This study found that EA and PPEA were not significantly related to one another for either gender. There was, however, a significant association between PPEA and MSPSS-SO in men. Specifically, the more that male participants felt that their partner understood their thoughts/feelings the more social support they also reported they received, and vice versa. This was not entirely surprising as these are both self-reported variables and based on individual perception, but similar results were not found for women. Surprisingly, however the associations between the support variables were more inconsistent. For men, the only observed social support variable that was related to PPEA was esteem support. For women, there were no observed

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categories of social support associated with PPEA. Disappointingly, there were no observed subscales of social support that were significantly associated with empathic accuracy in men or women either.

It should be noted that the findings regarding observed support are severely limited and should be interpreted with extreme caution. Although initial coding (the first 10 couples) showed that coders were reliably coding, this was not maintained throughout the coding process. As such, reliabilities across the course of the study were very inconsistent and these codes are not an accurate estimate of observed social support within the couple. These results should be viewed with extreme caution.

The second hypothesis, which predicted the individual associations between EA and observed support, was not supported. Furthermore, relationship satisfaction was also not associated to EA in either gender. This is not entirely surprising, as only a handful of studies have noted a significant association between EA and relationship satisfaction (e.g., Simpson, Orina, & Ickes, 2003). While looking at correlation tables for both genders, EA was not associated with any variable in the study.

The third hypothesis, which examined the combined effect of perceived social support and observed social support on relationship satisfaction was partially supported. The regression performed for both men and women accounted for the same amount of variance in relationship satisfaction. Self-reported support through the MSPSS-SO also contributed a higher amount of variance to relationship satisfaction than the one observational code that showed a bivariate association to relationship satisfaction (attentiveness).

Testing whether perception or observation of social support or empathy was more important to predicting relationship satisfaction, hypothesis four, yielded only marginally

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significant findings for women. Only after previously being found insignificantly associated with one another, PPEA and MSPSS-SO were then tested further in an interaction, which then demonstrated only somewhat significant findings. By testing an interaction term with both of these variables included alongside the sole ones, it was determined that perceived partner empathic accuracy and self-reported support were then a marginal predictor of relationship satisfaction, but only in men and not in women. Had it not been for this extra step of testing, this result never would have been found. This was the only interaction found of some significance in either gender as well, as all others remained insignificant.

Limitations

Although this study builds on previous literature there are a number of notable limitations. First, and most importantly as noted above, the coding of social support was problematic. Despite consistent time and effort given by the three coders to utilize the coding system for this study, the reliabilities for each subscale were not good. Even with booster meetings held as needed to review material, some coders were over-coding and under-coding which contributed to the reliabilities not meeting adequate levels. Perhaps if reliability of the categories of observed social support had been adequate, there may have been greater support for the hypotheses. Reliability should have been calculated more frequently in order to get a better gauge of exactly where it began to decline. Although the analyses were conducted as planned, all results that included the observed social support measures must be viewed with extreme caution.

Lastly, the item which was excluded from the DAS (the fight/quarrel item) should be discussed. Preliminary analyses revealed that reliability was better when this particular item was excluded. However, using the DAS without this item can be seen as a limitation to the study. When the data for the DisCUSS study were originally collected at this item was identified as

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being frequently skipped, the study team found that the spacing on the text of the items may have been confusing for participants to differentiate the items.

This study focused solely on heterosexual couples as the sample. With the LGBTQ+ population gaining more recognition and acceptance, there is a need for research for non-straight couples to add value to research. A study similar to the current one which was comprised of both gay and straight couples with all of the same measures would have been an interesting comparison to see if any variables would then be seen as significantly predicting relationship satisfaction, perhaps even EA. With more acceptance and awareness of all different couples and families that make up the population, there will no doubt be a need for research including all members of all couples. A study similar to this one with samples of different couple makeups would no doubt be an interesting and eye-opening addition to the field when studying the same variables in different couples.

Strengths

Despite these limitations, the study has several strengths including use of multiple measures and methods for the independent variables collected from both couple members. Similar methods of coding for social support (i.e., Verhofstadt and colleagues, 2007) have been noted in the introduction and this study provides support for the use of these methods. Besides the observation aspect, the study also contained a hearty amount of self-report data as well. Spouses' and significant others' support was the main focus here, but more may be able to be derived from this in the future, including the study examination of the two other subscales in the MSPSS. Perhaps the SO subscale can be compared alongside the other ones to see how support from others in one's social life can contribute to literature in social support.

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Lastly, further exploration of the SSBC would be a promising direction for this area of research to go in. Despite findings that were not as reliable as they could have been, the SSBC contains subscales and even more specific categories within those subscales as uniquely categorizing social support in couples. Using empirically supported research and instruments was a large part of this study and should be for any study. Despite poor reliability of observed social support, this study can hopefully serve as a starting point from which further implementation of these hypotheses may be launched. If nothing else, it was a step in the right direction.

Directions for Future Research

Findings from the current study lead to several interesting future research considerations. First and foremost, as mentioned above, the SSBC is an interesting measure that should be considered for future research that examines the relationship between empathy and social support as predictors of relationship satisfaction in couples. As EA was coded for originally, a future direction may be combining protocols for both EA and the SSBC in the same study together. Since this study only focused on a straight sample, more diversity could be added in the future and expand to study couples more inclusively.

While attachment theory was used as more of a foundation to explain intimacy, future research could include more in-depth study of attachment anxiety/avoidance within this framework. This would enable attachment to be a variable of interest in a study instead of merely literature support. Additionally, APIM models may be utilized in statistical analyses to study husbands' and wives' variables in relation to relationship satisfaction. Only direct paths were examined in this study, and future research would likely benefit from bidirectional pathways of these variables to be looked at as well.

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Table 1*Demographic Statistics by Gender*

Demographic Variable	Male		Female	
	%	<i>n</i>	%	<i>n</i>
Race				
White	76.3	58	78.9	60
Black/African American	7.9	6	6.6	5
Other	14.4	11	11.8	9
Not Answered	1.3	1	2.6	2
Ethnicity				
Hispanic	9.2	7	10.5	8
Arabic	18.4	14	17.1	13
Other	55.3	42	52.6	40
Not Answered	17.1	13	19.7	15
Year in College				
Freshman	30.3	23	44.7	34
Sophomore	25.0	19	28.9	22
Junior	14.5	11	10.5	8
Senior	9.2	7	6.6	5
Not Answered	21.1	16	9.2	7
Marital Status				
Married	10.5	8	10.5	8
Single, never married	82.9	63	88.2	67
Divorced	1.3	1	N/A	N/A
Not Answered	5.3	4	1.3	1
Children (if applicable)				
0 (Zero)	89.5	68	92.1	70

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1 (One)	1.3	1	2.6	2
2 (Two)	2.6	2	2.6	2
3 (Three)	3.9	3	2.6	2

Note: There were portions of the demographic questionnaires that were not answered by some participants, resulting in 2% of the race inquiry, approximately 18% of the ethnicity inquiry, approximately 15% of the grade inquiry, and approximately 3% of the marital status inquiry missing.

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Table 2

Study Variable Means and Standard Deviations by Gender

Study Variable	Male		Female	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
RS	113.71	13.12	116.18	13.85
EA	14.39	11.95	13.84	13.65
PPEA	6.86	1.89	6.33	1.96
Total Raw SS	53.61	23.94	55.28	26.92
Total Categorical SS	1.20	0.66	2.03	0.74
PSS	25.70	4.41	25.54	4.04

Note: RS = Relationship Satisfaction; EA = Empathic Accuracy; PPEA = Perceived Partner Empathic Accuracy; SS = Social Support; PSS = Perceived Social Support. RS was computed from the DAS total score excluding the item focused on fights, Total Raw SS was computed from the SSBC raw support total, Total Categorical SS was computed from the SSBC categorical support total, and PSS was computed from the MSPSS subscale, the MSPSS-SO.

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Table 3

SSBC Reliability and Means, SD Split by Gender

SSBC Subscales and Total	Krippendorff's Alpha (α) Value		Gender	
	Raw Means α	Categorical Means α	<i>M; SD</i> (Men)	<i>M; SD</i> (Women)
Informational Support (IS)	-.24*	.07	1.95; 0.60	1.86; 0.61
Emotional Support (EMOS)	.08	.25	1.86; 0.70	1.82; 0.66
Esteem Support (ESTS)	.04	.27	2.23; 0.73	2.06; 0.68
Tangible Aid (TA)	.31	.41	1.81; 0.70	1.81; 0.74
Negative Behaviors (NB)	.58	.75	1.88; 0.74	2.06; 0.78
Social Network Support (SNS)	.15	.16	1.07; 0.25	1.06; 0.27
Tension Reduction (TR)	.14	.20	1.56; 0.61	1.59; 0.65
Attentiveness (AT)	.62	.72	1.97; 0.74	1.93; 0.75
Total Social Support	.33	.52	2.00; 0.66	2.03; 0.74

Note: Means and standard deviations for men and women were derived from categorical variables. * Signifies negative alpha value derived from analyses.

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Table 4

Study Variable Correlations by Gender

	DAS	EA	PPEA	MSPSS-SO	IS	EMOS	ESTS	TA	NB	SNS ⁺	TR	AT	Total
DAS	--	.12	.53**	.49**	.01	.04	.21	.13	-.02		.20	.29*	.16
EA	.09	--	-.06	.01	-.06	.06	.12	.03	.16		-.14	-.06	.06
PPEA	.28*	.18	--	.38**	-.12	-.01	.26*	.18	-.17		-.01	.22	-.02
MSPSS-SO	.49**	-.05	.22	--	-.09	.08	.03	.03	-.09		-.01	.17	.04
IS	.07	-.17	-.02	.29*	--	.01	-.06	.13	.23		-.02	.04	.24*
EMOS	.06	-.08	.10	.04	.23	--	.32**	.14	-.03		.10	.02	.16
ESTS	.17	.18	.20	.10	-.06	.38**	--	.21	.13		.20	.15	.17
TA	.21	.13	-.04	.25*	.22	.10	.01	--	.01		.08	.18	.24*
NB	-.08	-.05	.07	-.12	.14	.13	.39**	-.08	--		.01	.26*	.67**
SNS ⁺									--				
TR	.16	-.01	.10	.17	.25	.28	.15	-.01	-.12		--	.25	.16
AT	.28*	-.06	.14	.15	.18	.13	.23*	.19	.41**		.04	--	.75**
Total	.22	-.11	.18	.17	.32*	.28*	.38**	.20	.76**		.08	.75*	--

Note. Correlations above the diagonal are for men and below the diagonal are for women. Statistically significant results are in boldface. * $p < .05$; ** $p < .01$. ⁺ Indicates this subscale was excluded from the table.

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Table 5

Significant Study Variables' Unique Contribution to Relationship Satisfaction by Gender

	Variable	B	SE B	β	t	Partial	R ²
Men							.28
	AT	3.64	1.78	.21	2.04	.23	
	MSPSS-SO	2.12	.47	.46	4.50**	.47	
Women							.28
	AT	3.90	1.84	.21	2.12*	.24	
	MSPSS-SO	2.05	.45	.46	4.56**	.47	

Note: AT = Attentiveness; MSPSS-SO = Multidimensional Scale of Perceived Social Support-Significant Other subscale. * $p < .05$; ** $p < .01$. Statistically significant t-scores are in bold face.

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Table 6

Interaction of Marginally Significant Study Variables as Predictors by Gender

Gen.	Step	Variable	B	SE B	β	t	Part	R ²
M	1	PPEA	2.82	.70	.40	4.02***		.38
		MSPSS-SO	1.60	.46	.34	3.45***		
	2	PPEA	2.83	4.95	.40	.572		.38
		MSPSS-SO	1.60	1.26	.34	1.27		
		PPEA x MSPSS-SO	.00	.19	-.01	-.01	.00	
	W	1	PPEA	1.34	.74	.19	1.81*	
MSPSS-SO			2.01	.46	.45	4.38**		
2		PPEA	12.31	6.25	1.70	1.97*		.30
		MSPSS-SO	4.69	1.58	1.05	2.97***		
		PPEA x MSPSS-SO	-.43	.24	-1.76	-1.77*	-.20	

Note: * $p < .10$; ** $p < .05$; *** $p < .01$. M = Men; W = Women; Gen. = Gender.

Appendix A

Demographic Form

Participant #: _____ Partner (A/B) _____

Gender:

Date of Birth: _____/_____/_____

Female (month) (day) (year)

Male

Year in School (please choose one):

Freshman _____ Sophomore _____ Junior _____ Senior _____

Ethnicity:

Hispanic

Arabic

Other (specify): _____

Race:

White/Caucasian

Black/African American

Asian

Pacific Islander

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- American Indian/Native American
- Mixed/Other: _____

What is your current marital status?

- Single, never married
- Married
- Divorced
- Separated
- Widowed

If you are not currently married are you in a relationship or engaged?

- In a relationship
- Engaged
- Neither

Date of Beginning of Relationship (date you began dating your partner)

_____/_____/_____
(month) (day) (year)

How many children do you have?

- 0
- 1
- 2
- 3
- 4
- 5
- 6+

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Appendix B

DAS

Most people have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list by circling the number for the appropriate response.

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	Always Disagree
Handling Finances	0	1	2	3	4	5
Matters of Recreation	0	1	2	3	4	5
Religious Matters	0	1	2	3	4	5
Demonstrations of Affection	0	1	2	3	4	5
Friends	0	1	2	3	4	5
Sex Relations	0	1	2	3	4	5
Conventionality (correct or proper behavior)	0	1	2	3	4	5
Philosophy of Life	0	1	2	3	4	5
Ways of Dealing with Parents or In-Laws	0	1	2	3	4	5
Aims, Goals, and Things Believed Important	0	1	2	3	4	5
Amount of Time Spent Together	0	1	2	3	4	5
Making Major Decisions	0	1	2	3	4	5
Household Tasks	0	1	2	3	4	5
Leisure Time Interests and Activities	0	1	2	3	4	5
Career Decisions						

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	All the Time	Most of the Time	More Often than Not	Occasionall y	Rarel y	Neve r
How often do you discuss or have you considered divorce, separation, or terminating your relationship?	0	1	2	3	4	5
How often do you or your partner physically leave after a fight?	0	1	2	3	4	5
In general, how often do you think that things between you and your partner are going well?	0	1	2	3	4	5
Do you confide in your partner?	0	1	2	3	4	5
Do you ever regret that you got married, lived together, or began a relationship with your partner?	0	1	2	3	4	5
How often do you and your partner fight/quarrel?	0	1	2	3	4	5
How often do you and your partner “get on each other’s nerves”	0	1	2	3	4	5

Do you kiss your partner?	Every Day <input type="radio"/>	Almost Every Day <input type="radio"/>	Occasionally <input type="radio"/>	Rarely <input type="radio"/>	Never <input type="radio"/>
Do you and your partner engage in outside activities together?	All of Them <input type="radio"/>	Most of Them <input type="radio"/>	Some of Them <input type="radio"/>	Very Few of Them <input type="radio"/>	None of Them <input type="radio"/>

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How often would you say the following events occur between you and your partner?

	Never	Less than Once per Month	Once or Twice a Month	Once or Twice a Week	Once a Day	Often	
Have a stimulating exchange of ideas	0	1	2	3	4	5	
Laugh Often	0	1	2	3	4	5	
Calmly discuss something		0	1	2	3	4	5
Work together on a project	0	1	2	3	4	5	

These are some things about which couples agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks.

Being too tired for sex Yes ___ No___

Not showing love Yes___ No___

Which of the following statements best describes how you feel about the future of your relationship?

(Choose One)

- I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- I want very much for my relationship to succeed, and will do all I can to see that it does.
- I want very much for my relationship succeed, and will do my fair share to see that it does.
- It would be nice for my relationship to succeed, but I can't do much more than I'm doing now.
- It would be nice if it succeeded, but I refuse to do anymore that I am doing now to keep the relationship going.

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My relationship can never succeed, and there is no more I can do to keep the relationship going.

The numbers on the following line represent different degrees of happiness in your relationship. The middle point (happy), represents the degree of happiness in most relationships. Choose the bubble which best describes the degree of happiness, all things considered, of your relationship.

Perfectly Unhappy	Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix C

Multidimensional Scale of Perceived Social Support (Zimet, Dahlem, Zimet & Farley, 1988)

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree

Circle the “2” if you Strongly Disagree

Circle the “3” if you Mildly Disagree

Circle the “4” if you are Neutral

Circle the “5” if you Mildly Agree

Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

**1. There is a special person who is around when I
am in need.**

1 2 3 4 5 6 7 SO

**2. There is a special person with whom I can share
my joys and sorrows.**

1 2 3 4 5 6 7 SO

3. My family really tries to help me.

1 2 3 4 5 6 7 Fam

4. I get the emotional help and support I need from

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my family.

1 2 3 4 5 6 7 Fam

**5. I have a special person who is a real source of
comfort to me.**

1 2 3 4 5 6 7 SO

5. My friends really try to help me.

6. 1 2 3 4 5 6 7 Fri

7. I can count on my friends when things go wrong.

8. 1 2 3 4 5 6 7 Fri

9. I can talk about my problems with my family.

10. 1 2 3 4 5 6 7 Fam

**9. I have friends with whom I can share my joys
and sorrows.**

1 2 3 4 5 6 7 Fri

**10. There is a special person in my life who cares
about my feelings.**

1 2 3 4 5 6 7 SO

11. My family is willing to help me make decisions.

12. 1 2 3 4 5 6 7 Fam

12. I can talk about my problems with my friends.

1 2 3 4 5 6 7 Fri

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The items tended to divide into factor groups relating to the source of the social support,

namely family

(Fam), friends (Fri) or significant other (SO).

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Appendix D

SOCIAL SUPPORT BEHAVIOR CODE

<u>Informational Support</u>	<u>Code</u>
Suggestion/Advice (offer ideas, suggesting actions)	SA
Situation Appraisal (reassess the situation)	SI
Teaching (teach how to do something or teach facts)	TE
<u>Emotional Support</u>	
Relationship (express closeness, and togetherness)	RL
Physical Affection (hug, kiss, hand hold, touch)	PA
Confidentiality (promise not to tell others)	CF
Sympathy (express sorrow and regret for situation)	SY
Understanding/Empathy ("I understand", self disclose)	UE
Prayer (pray with person)	PY
Expresses concern (inquires after well-being)	EC
Reassurance (nonspecific comfort)	R
<u>Esteem Support</u>	
Compliment (emphasize abilities, say positive things)	CM
Validation (agree with and take other's side)	VA
Relief of Blame (say it's not other's fault)	RB
<u>Tangible Aid</u>	
Loan (offer money or material object)	LO
Direct Task (offer to do something relate to problem)	DT
Indirect Task (offer to do something not related)	IT
Active Participation (offer join in reducing stress)	AP
Willingness (express willingness to help anytime)	WI
Complies with request (agrees to do something after stressed person requests it)	CR

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Social Network Support

Presence (offer to spend time with person, be there)	PR
Access (offer to provide access to new companions)	AC
Companions (others who have been through same)	CP

Tension Reduction

Humor (jokes, humorous statements)	H
Distraction/Escape	DE

Attentiveness

Responsiveness (attentive remarks: yeah mmm-hmmm, ok)	LI
Inquiries (information seeking)	IN

Negative Behaviors

Interrupt (changes subject or interrupts other)	IP
Complain (talks about own problems)	CN
Criticism (negative comments about other or blaming)	CT
Isolation (will not help other, will not discuss it)	IS
Disagree/Disapprove (does not agree with other)	DD

Appendix E

Verbal Pre-Screening Script for Eligibility:

“Welcome! You are here to participate in the DisCUSS Study. In this study we are looking to better understand couple members’ understanding during relationship discussions. Before we being, I want to make sure you are eligible to participate. As you might remember from the SONA description of the study, in order to be eligible you must be at least 18 years of age, in a heterosexual relationship of at least 6 months, and be able to read, write, and understand English. Based on this information, are you eligible to participate in the study today?”