

SUPPORT PREFERENCES FAMILIARITY: HOW IS IT RELATED  
TO SOCIAL SUPPORT, HEALTH, AND  
PERSONALITY?

by

Shannon M. Moore

A dissertation submitted to the faculty of  
The University of Utah  
in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

Department of Psychology

The University of Utah

December 2016

Copyright © Shannon M. Moore 2016

All Rights Reserved



## ABSTRACT

Couples were recruited to report their attitudes, traits, health, relationship quality, and their perception of their partners' attitudes and traits. Using multilevel models (MLMs), we examined actor and partner effects for three types of partner knowledge: support preferences familiarity, attitude familiarity, and trait familiarity. We found that partners' social support preferences familiarity was related to greater perceived support, while actors' support preferences familiarity was associated with greater negative affect. Actors' attitude familiarity was related to higher perceived support, greater relationship satisfaction, and positive affect. Actors' trait familiarity was linked to greater perceived support, relationship satisfaction, higher positive affect, lower negative affect, and lower depression.

We also examined whether differences in familiarity between partners was associated with poorer outcomes regarding our dependent variables. We found that differences between partners in support preferences familiarity was not related to relationship quality or health, while larger differences in attitude familiarity were only associated with greater negative affect, and larger differences in trait familiarity were associated only with lower relationship satisfaction.

Finally, we studied the relationships between the personality variables of agreeableness, narcissism, psychopathy, and Machiavellianism and partner knowledge. It was found that partners' agreeability was related to greater trait familiarity and partners'

narcissism was associated with greater support preferences familiarity. The other personality variables were unrelated to partner knowledge. Additionally, when we examined the associations between our partner knowledge variables and dependent variables while controlling for these personality traits, the results were not significantly affected.

## TABLE OF CONTENTS

ABSTRACT.....	iii
LIST OF TABLES.....	vii
INTRODUCTION.....	1
Benefits Associated With Attitude Familiarity.....	2
Social Support, Relationships, and Health.....	3
Different Types of Social Support.....	4
Differences in Attitude Familiarity.....	6
Personality and Attitude Familiarity.....	7
The Present Study.....	10
METHOD.....	12
Participants.....	12
Procedure.....	13
Measures.....	13
Analyses.....	19
RESULTS.....	25
Descriptive Findings.....	25
Familiarity and Its Association With Relationship and Health Outcomes.....	26
Differences Between Partners in Familiarity.....	28
Familiarity and Its Relation to Personality Traits.....	29
Secondary Analyses.....	31
DISCUSSION.....	39
Familiarity's Associations With Relationships and Health.....	40
Differences in Partner Knowledge.....	44
Familiarity and Personality.....	45
Similarity and Gender.....	46
Conclusions.....	47

Appendices

A: ATTITUDES SCALE.....	49
B: SOCIAL SUPPORT ATTITUDES .....	51
C: PERCEIVED SUPPORT FROM PARTNER.....	55
D: PARTNER’S ATTITUDES.....	58
E: PARTNER’S SOCIAL SUPPORT ATTITUDES.....	60
REFERENCES.....	64

## LIST OF TABLES

Table	Page
1. Complete Listing of Measures Filled out by Participants and Their Partners.....	24
2. Means and Standard Deviations for all Variables.....	33
3. Cronbach's Alpha for all Scales.....	34
4. Familiarity and Associations With Relationships and Health.....	35
5. Social Support Familiarity (SSF) and Its Associations With Relationships and Health When Controlling for Attitude Familiarity (AF).....	36
6. Social Support Familiarity (SSF) and Its Associations With Relationships and Health When Controlling for Trait Familiarity (TF).....	37
7. Differences in Familiarity Between Partners and Their Associations With Outcomes.....	38
8. Personality and Its Relation to Partner Knowledge.....	39



## INTRODUCTION

Knowledge of one's partner is an important factor contributing to successful relationships. Accurate knowledge of one's significant other is associated with greater feelings of partner intimacy (Swann, De La Ronde, & Hixon, 1994) and relationship satisfaction (Gottman, 1994). People report greater commitment and are more likely to remain in that relationship even when partners verify their negative qualities (Swann et al., 1994; Swann, Hixon, & De La Ronde, 1992). Others have proposed that positive biases about one's partner would be beneficial instead (e.g., Murray, Holmes, & Griffin, 1996). However, work suggests that bias and accuracy can coexist in relationships. Luo and Snyder (2009) found that in newlywed couples, a person's accuracy, positivity bias, and similarity bias independently predicted his or her own marital satisfaction. One's accuracy and similarity bias also contributed to his or her *partner's* marital satisfaction. Thus, accurate knowledge of one's partner has unique contributions to relationship quality.

How does partner knowledge contribute to better relationships? Neff and Karney (2002) proposed that knowledge of one's partner might lead to smoother interactions. An initial study had newlyweds rate themselves and their partners on six traits (e.g., intelligence, tidiness). They found that the extent to which wives' perceptions of their husbands' traits matched the husbands' self-reports predicted higher feelings of control in the relationship, more support behaviors, and a decreased likelihood of divorce (Neff &

Karney, 2005).

### Benefits Associated With Attitude Familiarity

Research on attitude familiarity further suggests that accurate knowledge of one's partner is beneficial because of its interpersonal effects. Attitude familiarity is a type of partner knowledge that refers to knowledge of a person's attitudes and that has shown to be particularly influential in relationships. It has long been established that attitudes are functional (e.g., Katz, 1960). Research has shown that our attitudes tend to guide our behavior and decisions (e.g., Ajzen & Fishbein, 1977; Sanbonmatsu & Fazio, 1990). Mounting evidence suggests that knowledge of others' attitudes is similarly functional. Sanbonmatsu, Uchino, and Birmingham (2011) found that when couples were more familiar with each other's attitudes, they perceived one another as more responsive, and reported more positive interactions and higher state self-esteem in comparison to other couples. A second study (Sanbonmatsu, Uchino, Wong, & Seo, 2012) found that couples more familiar with each other's attitudes reported that they were less likely to fight and upset one another, and more likely to be helpful. They also perceived their relationships as more important. Attitude familiarity is also associated with lower levels of interpersonal stress and higher levels of marital satisfaction (Moore, Uchino, Baucom, Behrends, & Sanbonmatsu, 2016). Thus, both early partner knowledge research and more recent studies on attitude familiarity indicate that knowledge of one's partner is related to more supportive interactions and better overall relationships.

Attitude familiarity is also linked to better physical and mental health. Sanbonmatsu et al. (2011) found that couples lower in attitude familiarity had higher daily ambulatory blood pressure, a strong predictor of future cardiovascular risk

(Pickering, Shimbo, & Haas, 2006). More recent research has linked knowledge of partner attitudes to greater satisfaction with life, and this association was mediated by marital satisfaction (Moore et al., 2016). Couples that knew each other better were also more satisfied in their marriage, which, in turn, was associated with higher satisfaction with life. Thus, not only is attitude familiarity linked to both physical and mental health but the literature suggests that it could influence health by affecting relationships.

### Social Support, Relationships, and Health

Another construct associated with both relationship satisfaction and health is social support. Brunstein, Dangelmay, and Schultheiss (1996) linked social support to relationship mood. Relationship mood refers to different emotions experienced within the context of a relationship (i.e., happy, pleased). Reports of social support received from partners positively predicted differences in relationship mood 1 month later. Another study examined the role of social support in kidney transplant patients. They found that spouses exhibiting unsupportive behaviors were linked to greater distress in patients who were dissatisfied with their marriage (Frazier, Tix, & Barnett, 2003). Furthermore, Kaul and Lakey (2003) found that relationship satisfaction was associated with ratings of perceived support. Thus, relationship satisfaction and social support appear to be highly related.

Social support is also related to better health. In terms of mental health, social support is linked to lower rates of depression (Lakey & Cronin, 2008), lower levels of psychological distress (Barrera, 1986; Cohen & Wills, 1985), and lower levels of negative affect (Finch, Okun, Pool, & Ruehlman, 1999). Regarding physical health, Holt-Lunstad, Smith, and Layton (2010) conducted a comprehensive meta-analysis and found

that across 148 studies, social support predicted survival, and its effect was comparable to that of factors like smoking and exercise. In a specific example, a study of women diagnosed with breast carcinoma found that greater contact with friends and family after diagnosis was linked to a lower risk of death (Chou, Stewart, Wild, & Bloom, 2012).

The buffering hypothesis suggests that when people receive social support, it influences their appraisals of stress and weakens the relationship between stress and poor health (Cohen & Wills, 1985). People also want to feel as though they have others to share their problems with. When people feel they do not have others to share their thoughts and feelings with, it can lead to rumination and intrusive thoughts (Lepore, 2001). The feeling that there are *limits* on what they can share about their stress with others is also associated with greater distress and poorer adjustment (e.g., Lepore & Helgeson, 1998). By providing or failing to provide social support, close others can influence well-being.

### Different Types of Social Support

It is important to keep in mind that there are many different types of social support. Social support can be categorized into emotional (self-esteem), informational (giving information or advice), tangible (material resources), and belonging (social needs) support categories. Evidence suggests that people vary in the social support they prefer. Reynolds and Perrin (2004) studied 79 women recovering from breast cancer. The participants answered “yes” or “no” as to whether their support person provided certain types of support and whether or not they wanted them to provide that type of support. The women then rated how satisfied they were with their support situation. The authors noted that not all women wanted the same type of support. Thus, there appear to be

differences in the support people want, even when they are facing the same health threats. The researchers also found that receiving unwanted support was related to poorer psychosocial adjustment (Reynolds & Perrin, 2004). Overall, this suggests that partners do not always provide the support their significant others want, and this can have negative health consequences. Unfortunately, a great deal of the support provided to others appears to be unwanted. Davidowitz and Myrick (1984) interviewed those who had experienced a death in their immediate family and had them discuss how others interacted with them during their bereavement. They found that the majority of statements made to the bereaved were considered unhelpful (80%; i.e., “Be thankful you have another son”). If there are individual differences in support preferences, then people may receive unwanted support because partners do not know the support they like or dislike. If so, knowledge of partners’ social support preferences may be associated with providing more effective support.

One of the aims of our study was to examine the role of support familiarity in the provision of social support, relationship satisfaction, and health. To assess the role of support familiarity, we sought to examine individuals’ knowledge of their partners’ support preferences. The attitude familiarity research has shown that when people know their partners’ attitudes better, it influences interpersonal functioning, which then appears to positively affect health (e.g., Moore et al., 2016; Sanbonmatsu et al., 2011; Sanbonmatsu et al., 2012). As we reviewed above, social support has also been linked to better relationships (e.g., Brunstein et al., 1996) and health (e.g., Holt-Lunstad et al., 2010). Greater knowledge of how to provide a person social support, specific to his or her wants and needs, should lead to the provision of social support that matches his or her

preferences. This desired social support should lead to better adjustment (Reynolds & Perrin, 2004).

It was predicted that knowledge of social support preferences would be more strongly associated with social support, relationship quality, and health than broader knowledge of partners. Thus, while we examined the associations between support preferences familiarity and these outcomes, we also looked at the relationship between general attitude familiarity or familiarity with partner's traits and the outcomes. If support preferences familiarity showed a strong association with relationship quality and mental and physical health, then it would have suggested an effective method to aid couples in numerous ways. By learning one another's social support attitudes, we predicted that couples could expect to receive and provide better support, more positive relationships, and to enjoy both physical and mental health benefits.

#### Differences in Attitude Familiarity

Partners may differ in how familiar they are with one another. Our prior work on attitude familiarity has looked at couple scores of familiarity—a single score averaged across both partners (e.g., Moore et al., 2016)—and actor-partner effects (e.g., Sanbonmatsu et al., 2012). However, we have not yet examined what happens when, within a couple, one person is very accurate and the other is comparatively clueless. For example, a husband may not be familiar with his wife's attitudes, but she may be very familiar with his attitudes. In this type of relationship, we would expect larger discrepancies to be linked to poor interpersonal and health outcomes for both partners—because the lack of knowledge on the part of one partner is likely indicative of problems in the relationship. For example, discrepancies in familiarity within a couple may

contribute to feelings of frustration and resentment for the lesser known partner. It may also be a sign that the lesser known partner is simply harder to get to know.

Whereas past findings indicate that, overall, those with higher couple scores of attitude familiarity experience greater relationship satisfaction and better health, this may not be true for couples with large differences in familiarity between partners. Our second aim was to explore the effects of different patterns of trait, attitude, and support preferences familiarity within a couple. To do this, we explored our hypotheses while examining the difference in familiarity between partners. We examined the perceived support, relationship satisfaction, and health of the known partner and the less known partner. We anticipated that the partner who is less known is less supported by and less satisfied with their significant other. As the difference between partners in knowledge of one another's attitudes, traits, and support preferences becomes larger, we expected them to experience poorer relationship quality and health.

#### Personality and Attitude Familiarity

The third aim of the study was to examine the relationship between personality and familiarity. We hypothesized that some personality traits would be linked to more positive interactions because of greater knowledge of others' attitudes. Individual differences in narcissism and agreeableness were expected to contribute to how much knowledge people acquire about others' attitudes. This may then be partly what affects their ability to get along with others.

Because of their fragile self-concept, narcissists tend to have poor relationships (Campbell & Foster, 2002; Farwell & Wohlwend-Lloyd, 1998; Paulhus, 1998). Specifically, narcissism is associated with less interest in intimacy (Campbell, Foster, &

Finkel, 2002; Carroll, 1987) and troubles with commitment (e.g., Campbell, Foster, & Finkel, 2002). Paulhus (1998) found that while narcissists may make a good first impression, over time, they come to be regarded as arrogant and hostile. Overall, higher levels of narcissism are linked to relationship difficulties. Agreeableness has also been linked to the favorableness of interactions. For example, agreeableness is positively associated with cooperative behavior (LePine & Van Dyne, 2001) and with forgiving others (Strelan, 2007).

Evidence also suggests that these personality variables may be related to knowledge of one's partner. Persons with higher levels of narcissism may be less knowledgeable of others' opinions, possibly contributing to their relationship difficulties. This is suggested by studies showing that narcissism is related to less interest in others' views (Watson, Grisham, Trotter, & Biderman, 1984) and believing one's own opinions count for more than those of others (see John & Robins, 1994). Agreeableness may be similarly linked to greater knowledge of others' attitudes. When persons are very disagreeable, it may be difficult for them to interact pleasantly or frequently with others in a manner where they could learn information about their attitudes. This is supported by the finding that agreeableness is related to greater empathic accuracy (Kraus, Côté, & Keltner, 2010). One reason agreeableness may be linked to cooperation and forgiveness is because they know more about others.

While narcissism should be relevant to knowledge of others' attitudes and relationship quality, it is important to note that narcissism is considered part of the Dark Triad. The Dark Triad (Paulhus & Williams, 2002) consists of Machiavellianism (i.e., a manipulative personality), subclinical narcissism, and subclinical psychopathy, the three



most “prominent yet non-pathological personalities in the literature” (p. 556). Paulhus and Williams (2002) pointed out several similarities among these three personalities. Specifically, all three consist of a “socially malevolent character with behavior tendencies toward self-promotion, emotional coldness, duplicity, and aggressiveness” (p. 557). The authors used three different methods to evaluate how similar these constructs were to one another, ultimately concluding that though subclinical narcissism, subclinical psychopathy, and Machiavellianism are distinct, they are overlapping as well (Paulhus & Williams, 2002). All three are related to disagreeableness, while Machiavellians and psychopaths are also both low in conscientiousness. Evidence indicates that all three personalities have a link to unhealthy interactions. Because of their associations with poor relationship outcomes, it was predicted that psychopathy and Machiavellianism would also be linked to less knowledge of others.

We predicted that a measure of support preferences familiarity would be related to these personality measures. We also looked at these same associations for general attitude familiarity and trait familiarity to help determine whether one type of familiarity was more strongly related to agreeableness and the Dark Triad.

Although attitude familiarity has been linked to interpersonal processes, there is a possibility that it does not directly influence these outcomes. These associations may exist because attitude familiarity is related to personality variables such as agreeableness that more directly influence relationships. Thus, we also examined whether attitude, trait, and support preferences familiarity were related to relationship quality independently of these variables. This is important to fully understand the unique effects of attitude familiarity and its contributions to relationships.

### The Present Study

In this study, participants and their partners completed a variety of scales assessing knowledge of one another, relationship quality, and personality. This study built on the existing literature by assessing the benefits associated with knowledge of partners' social support preferences. Such a measure would be useful in several important areas of research, including social support, relationship satisfaction, and health. The use of this measure allowed us to determine if knowing the types of social support partners like and dislike helps people provide effective social support and experience positive effects in their relationships and health. If so, this would suggest that in order to provide effective support, it helps to be familiar with a person's preferences, which would also correspond with Reynolds and Perrin's (2004) findings. Partners' specific knowledge of the support their significant others like or dislike was expected to be associated with more positive ratings of perceived social support and relationship satisfaction, even more so than attitude familiarity or trait familiarity because social support itself is linked to relationship satisfaction. Support preferences familiarity in couples was also expected to be significantly positively associated with mental and physical well-being and to have a stronger correlation with these outcomes compared to more general measures of familiarity due to social support's strong associations with better health. When partners have greater knowledge of each other's support preferences, they may be able to provide each other with desired social support. Receiving more effective support should then be associated with couples reporting better health.

The second aim of this paper was to examine whether differences within couples in support preferences familiarity was associated with relationship quality and health.

When people are in relationships where there were larger differences between partners in knowledge of one another's support preferences, we did not expect them to experience good outcomes because the presence of larger discrepancies would likely suggest underlying relationship problems, such as a partner who is difficult to know or a partner uninterested in learning about his or her significant other.

This study also examined whether personality was associated with knowledge of others' attitudes. We predicted that couples' support preferences familiarity and general familiarity would be related to the Dark Triad and agreeableness. Finally, we aimed to show that familiarity would be associated with interpersonal relations independently of the Dark Triad and agreeableness. Because these variables are associated with relationships and potentially linked to partner knowledge, it is possible they could be confounds. We predicted that couples' support preferences, trait, and attitude familiarity would continue to be positively related to social support and relationship satisfaction when controlling for the effects of these personality variables because we expected that partner knowledge was associated with good outcomes beyond its overlap with these personality traits.

## METHOD

### Participants

Assuming a small-moderate effect size ( $f^2 = .111$ ;  $\alpha = .05$ ) and accounting for a maximum of nine covariates, a power analysis indicated a minimum of 73 couples would be required for this study to attain power of .80. Male and female undergraduates were recruited from the psychology department participant pool. Participants received course credit for serving in the study. All participants who signed up were required to have a significant other able to fill out an online survey. Participants and their significant others needed to have been in an exclusive relationship (dating, engaged, or married) for a minimum of 6 months, and we limited this research to heterosexual couples.

One couple was dropped when a computer error led to a loss of data for that couple. Another couple was dropped because one partner failed to respond to the researcher's attempts to set up her session for 2 months. A total of 113 couples remained. In the analyses, the HLM program dropped a total of 21 couples due to an insufficient number of responses. Of these remaining 92 couples, participants had an average age of 22.86 ( $SD = 6.40$ ) and had been in their relationship for an average of 37.02 months ( $SD = 52.05$ ). Thirty-three couples lived together and 20 couples were married.

## Procedure

After signing up to participate in the study, participants came into the laboratory for their session. Participants were then asked to arrange for their significant other to complete the same surveys online in the same order. Participants provided their partners' email address so that the researcher could email the partners a link to the study. Table 1 is a comprehensive list of the measures that were administered to participants and their partners in the order that they were completed.

After giving consent, couples filled out the following measures used to assess partner knowledge using the following: attitudes scale, social support attitudes scale, personality traits, partner's attitudes, partner's social support attitudes, and partner's personality traits. Next, they filled out relationship quality measures—social support and relationship satisfaction. They then completed the remaining personality measure of the Dark Triad. We also had participants fill out the Life Events Checklist (Gray, Litz, Hsu, & Lombardo, 2004). Next, we had them report demographic information. This was followed by measures of health—subjective well-being, depression, and physical health. At the end of the study, participants were thanked and debriefed.

## Measures

### Attitude Familiarity

Participants indicated their evaluations of 25 different attitude objects on 7-point scales anchored by -3 *very negative* and +3 *very positive*. The items were selected to broadly sample different attitudinal objects (e.g., money, Wal-Mart, guns, recycling) and have been measured in prior work on attitudinal processes. We administered the same scale used previously to study attitude familiarity (e.g., Uchino, Sanbonmatsu, &

Birmingham, 2013). Participants also indicated what they perceived to be their partners' attitudes using the same scale. The attitude familiarity score was calculated by determining the correlation between partners' perceptions of their significant others' attitudes toward the attitude objects and the significant others' actual reported attitudes. We also calculated attitude similarity between partners, as attitude familiarity and similarity are known to be correlated (Sanbonmatsu et al., 2012). These correlations were then transformed into  $z$  scores using Fisher's  $r$  to  $z$  transformation. We also included an item measuring subjective knowledge of partner's attitudes, asking participants to rate how well they know their significant others' attitudes on a scale of -3 (*not at all*) to +3 (*a great deal*). This item was asked before partners' indicated their perception of their significant others' 25 attitudes.

#### Support Preferences Familiarity

To assess support preferences familiarity, we utilized the Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983). This 40-item scale assesses one's perception of the availability of social resources. These items also assess the major types of social support: tangible (material aid), appraisal (availability of someone to talk to about problems), self-esteem (positive comparisons of one's self compared to others), and belonging (people one can do things with) support. Similar to Reynolds and Perrin (2004), we altered the questions slightly for our purposes so that the questions were appropriate for college students in an intimate relationship who may or may not be married to or living with their partner. Items were also altered to make them more suitable for a like/dislike scale. Participants filled out their own attitudes toward these types of social support as well as what they perceived to be their partners' attitudes.

Support preferences familiarity was then calculated by determining the correlation between participants' perceptions of their partners' attitudes toward social support and partners' actual reported attitudes. We also calculated partners' support preferences similarity by examining the correlation between their self-reported support attitudes. These correlations were then transformed into z scores using Fisher's  $r$  to  $z$  transformation. We also included an item of subjective knowledge of partner's social support attitudes, asking participants to rate how well they thought they knew their significant others' attitudes toward social support on a scale of -3 (*not at all*) to +3 (*a great deal*). This item was asked before partners' indicated their perception of their significant others' 40 social support attitudes.

#### Trait Familiarity

Trait familiarity was calculated using the mini-IPIP, a shorter version of the International Personality Item Pool—Five Factor Model Measure (Goldberg, 1999). Studies indicate this short version is psychometrically sound (Donnellan, Oswald, Baird, & Lucas (2006). Twenty items assess the Big Five personality traits, with items such as “am the life of the party” answered on a scale of 1 (*very inaccurate*) to 5 (*very accurate*). Familiarity was calculated by determining the correlation between partners' assessments of their significant others' traits and the significant others' actual self-reported traits. We also ran a correlation to determine how similar partners' self-reported traits were. These correlations were then transformed into z scores using Fisher's  $r$  to  $z$  transformation. We utilized the agreeableness subscale to calculate participants' specific scores on that trait. We also included an item of subjective knowledge of partner's traits, asking participants to rate how well they knew their significant others' traits on a scale of -3 (*not at all*) to +3

(*a great deal*). This item was asked before partners' indicated their perception of their significant others' traits using the above 20 items.

### Subjective Well-Being

To assess positive and negative feelings, we utilized the Scale of Positive and Negative Experience (SPANE; Diener et al., 2010). This is a 12-item scale measuring positive and negative feelings. This scale, which measures these feelings broadly, has been shown to converge well with other measures of emotions. We chose three items assessing positive feelings (positive, good, pleasant) and three items assessing negative feelings (negative, bad, unpleasant). To assess trait affect, respondents indicated how much they experienced each feeling over the past 4 weeks on a scale of 1 (*very rarely or never*) to 5 (*very often or always*). We used Cantril's Self-Anchoring Striving Scale (Cantril, 1965) to assess current global life satisfaction. Participants were told to "please imagine a ladder with steps numbered from zero at the bottom to 10 at the top. The top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you." They were then asked to mark where they fell on the ladder. This is a widely used measure (e.g., Diener, Ng, Harter, & Arora, 2010).

### Depression

The Center for Epidemiologic Studies Depression Scale (CES-D; Radloff, 1977) is a 20-item assessment that measures depressive symptoms. Participants indicated how often they experienced a depression-related symptom in the past week. The scale is widely used and has demonstrated good psychometric properties.



### Physical Health

We utilized the short form of the Medical Outcomes Study (MOS) general health survey (Stewart, Hays, & Ware, 1988). This scale consists of 20 items which evaluate six aspects of health: physical functioning, role functioning, social functioning, mental health, health perceptions, and pain. We created a total that examined physical health specifically, using the pain, physical functioning, and role functioning subscales. Scores could range from 9 to 29.

### Perceived Social Support

The same 40 items from the support preferences familiarity scale were used (ISEL; Cohen & Hoberman, 1983) so partners could report the social support they felt their significant others would provide. The wording was altered so that each item asked whether or not one's partner would provide each type of support.

### Dyadic Adjustment Scale (DAS)

The DAS (Spanier, 1976) consists of 32 items and assesses the relationship quality of a married or unmarried cohabiting couple. It contains multiple subscales examining dyadic satisfaction, dyadic cohesion, dyadic consensus, and affectional expression. For example, participants indicated how much they and their significant others agree or disagree on topics such as career decisions and household tasks. They also indicated how much they laughed with their partner and how much they wanted their relationship to succeed. Some items were slightly reworded to be more suitable for those not cohabitating, for example, removing the reference to a shared home in "How often do you or your partner leave the house after a fight?"

### Relationship Information

We also asked for variables expected to be associated with relationship outcomes: marital status, whether they are cohabitating, and total length of relationship (if married, then the time spent dating + married).

### Short Dark Triad (SD3)

The SD3 (Jones & Paulhus, 2014) assesses Machiavellianism, narcissism, and psychopathy in subclinical samples. It consists of 27 items, where participants indicate their agreement with statements such as “It’s not wise to tell your secrets” on a 5-point scale from 1 (*disagree strongly*) to 5 (*agree strongly*). Analyses indicate it has good reliability and validity (Jones & Paulhus, 2014).

### Demographics

We also asked for standard demographic information, such as class year, enrollment in introduction to psychology, age, and partner’s age.

### Centrality of Independence

Four items measuring centrality of independence were selected from Martire, Stephens, Druley, and Wojno (2002). These items assessed the importance of completing activities with minimal help from others. Some of the original items are specific to those dealing with osteoarthritis, thus we chose only four items that were applicable to a wider range of situations. Wording of the items was also slightly altered to be more generally applicable to events, not just managing osteoarthritis symptoms. Statements such as “being able to do activities on your own is very important to you” were answered on a scale from 1 (*strongly disagree*) to 4 (*strongly agree*).

### Life Events Checklist

This self-report consists of 17 items and assesses exposure to potentially traumatic events (Gray, Litz, Hsu, & Lombardo, 2004). Participants reported whether they experienced or were exposed to certain types of events during their lifetime, with items such as “Sudden, unexpected death of someone close to you.” They responded on a 5-point scale (*1 = happened to me, 2 = witnessed it, 3 = learned about it, 4 = not sure, 5 = does not apply*).

### Social Relationships Index (SRI)

We also utilized three items from the Social Relationships Index (Campo et al., 2009), which examines positivity and negativity in social relationships. Participants assess how their partner reacts when they need support. Specifically, how helpful, upsetting, and unpredictable their partner is when participants seek support on a scale of 1 (*not at all*) to 6 (*extremely*). This scale was also used to assess relationship importance. Participants were asked to indicate “How important is your partner to you” on a 1 (*not at all important*) to 6 (*extremely important*) scale. Relationship importance is important to assess as prior research indicates that spousal importance moderates the effects of attitude familiarity (Uchino, Sanbonmatsu, & Birmingham, 2013).

### Analyses

We sought to examine how couples’ support preferences familiarity is related to relationship quality and health outcomes and how these results compared to the dependent variables’ associations with other types of partner knowledge. A series of multilevel models (MLMs) were used to model these associations and to account for the

dependency within couples. We utilized an Actor-Partner Interdependence Model (Kashy & Kenny, 1999; Kenny, 1996) to examine these effects. Actor effects indicate the extent to which the participant's knowledge of his or her partner influences his or her own outcomes (e.g., health), while partner effects represent the extent to which the partner's knowledge of the participant influences the participant's outcomes. For our primary analyses, we controlled for the standard demographic variables of age and gender as well as for relationship length. When reports of relationship length differed between partners, the average value was utilized. The most recent response was used for two couples when partners reported conflicting answers regarding whether they were married and when one couple differed on reports of whether they lived together. Age and relationship length were grand-mean-centered, while gender was dummy coded. The following shows the equations for the two-level model we used to examine the relationship between perceived social support and support preferences familiarity:

Level 1:

$$\text{Perceived Support}_{ij} = \beta_{0j} + \beta_{1j} * (\text{Actor Support Preferences Familiarity}_{ij}) + \beta_{2j} * (\text{Partner Support Preferences Familiarity}_{ij}) + \beta_{3j} * (\text{Age}_{ij}) + \beta_{4j} * (\text{Gender}_{ij}) + r_{ij}$$

Level 2:

$$\begin{aligned} \beta_{0j} &= \gamma_{00} + \gamma_{01} * (\text{Relationship Length}_j) + u_{0j} \\ \beta_{1j} &= \gamma_{10} \\ \beta_{2j} &= \gamma_{20} \\ \beta_{3j} &= \gamma_{30} \\ \beta_{4j} &= \gamma_{40} \end{aligned}$$

Identical models were created to examine relationship satisfaction, positive affect, negative affect, depression, and physical health as the dependent variables. Initially, these models were run with only support preferences familiarity as our predictor. We also examined how attitude familiarity was related to our six dependent variables and then

examined trait familiarity as a predictor. We then ran these models with both support preferences familiarity and attitude familiarity as predictors in one model and then with support preferences familiarity and trait familiarity as predictors in the second set of models.

To address our second hypothesis, we added a new predictor to the model, a difference score in partner knowledge, and examined how it was related to our six outcomes. This was computed by subtracting the partner's familiarity score from the actor's familiarity score and creating an absolute value of the difference. This continuous variable was then grand-mean-centered at Level 2 to create a couple's difference score, where larger numbers indicated a larger difference between partners in familiarity. We examined associations between difference scores and our outcomes. Below is the equation used to examine the relationship between the support preferences familiarity difference score and perceived support:

Level-1 Model

$$\text{Perceived Support}_{ij} = \beta_{0j} + \beta_{1j} * (\text{Age}_{ij}) + \beta_{2j} * (\text{Gender}_{ij}) + r_{ij}$$

Level-2 Model

$$\beta_{0j} = \gamma_{00} + \gamma_{01} * (\text{Relationship Length}_j) + \gamma_{02} * (\text{Support Preferences Familiarity Difference Score}_j) + u_{0j}$$

$$\beta_{1j} = \gamma_{10}$$

$$\beta_{2j} = \gamma_{20}$$

For the third aim in this study, we examined whether one's familiarity was related to the actor or partner's personality traits: agreeableness and the Dark Triad. These personality variables served as our actor/partner predictor variables in separate models, with participants' support preferences familiarity, attitude familiarity, and trait familiarity as the dependent variables. The equation for the association between agreeableness and

support preferences familiarity is below:

#### Level-1 Model

$$\text{Support Preferences Familiarity}_{ij} = \beta_{0j} + \beta_{1j} * (\text{Actor Agreeableness}_{ij}) + \beta_{2j} * (\text{Partner Agreeableness}_{ij}) + \beta_{3j} * (\text{Age}_{ij}) + \beta_{4j} * (\text{Gender}_{ij}) + r_{ij}$$

#### Level-2 Model

$$\begin{aligned}\beta_{0j} &= \gamma_{00} + \gamma_{01} * (\text{Relationship Length}_j) + u_{0j} \\ \beta_{1j} &= \gamma_{10} \\ \beta_{2j} &= \gamma_{20} \\ \beta_{3j} &= \gamma_{30} \\ \beta_{4j} &= \gamma_{40}\end{aligned}$$

We then used a series of multilevel models to assess the associations between familiarity and our relationship outcomes while controlling for the influences of the personality traits. The equation modeling the relationship between support preferences familiarity and perceived support while controlling for the actor/partner effects of agreeableness is below:

#### Level-1 Model

$$\text{Perceived Support}_{ij} = \beta_{0j} + \beta_{1j} * (\text{Actor Support Preferences Familiarity}_{ij}) + \beta_{2j} * (\text{Partner Support Preferences Familiarity}_{ij}) + \beta_{3j} * (\text{Actor Agreeableness}_{ij}) + \beta_{4j} * (\text{Partner Agreeableness}_{ij}) + \beta_{5j} * (\text{Age}_{ij}) + \beta_{6j} * (\text{Gender}_{ij}) + r_{ij}$$

#### Level-2 Model

$$\begin{aligned}\beta_{0j} &= \gamma_{00} + \gamma_{01} * (\text{Relationship Length}_j) + u_{0j} \\ \beta_{1j} &= \gamma_{10} \\ \beta_{2j} &= \gamma_{20} \\ \beta_{3j} &= \gamma_{30} \\ \beta_{4j} &= \gamma_{40} \\ \beta_{5j} &= \gamma_{50} \\ \beta_{6j} &= \gamma_{60}\end{aligned}$$

All MLMs were run in HLM, version 7 (Raudenbush, Bryk, Cheong, Congdon, & du Toit, 2011). Analyses were conducted using HLM's default settings and we report findings using robust standard errors.

In a set of secondary analyses, we also controlled for similarity, as attitude familiarity and similarity are known to be related (Sanbonmatsu et al., 2012), to see if this influenced how familiarity was related to the relationship and health outcomes.

Table 1  
*Complete Listing of Measures Filled out by Participants and Their Partners*

---

Measures
Attitudes and Traits
Attitudes Scale (Appendix A)
Social Support Attitudes (Revised ISEL; Appendix B)
Mini-IPIP (Goldberg, 1999)
Partner's Attitudes and Traits
Partner's Attitudes (Appendix D)
Partner's Social Support Attitudes (Revised ISEL; Appendix E)
Mini-IPIP for Partner (Goldberg, 1999)
Relationship and Support Measures
Perceived Support from Partner (Revised ISEL; Appendix C)
Social Relationships Index (Campo et al., 2009)
Dyadic Adjustment Scale (Spanier, 1976)
Personality Variables
Short Dark Triad (Jones & Paulhus, 2014)
Other Measures
Life Events Checklist (Gray et al., 2004)
Demographics
Health
The Scale of Positive and Negative Experience (Diener et al., 2010)
Cantril's Self-Anchoring Striving Scale (Cantril, 1965)
The Center for Epidemiologic Studies Depression Scale (Radloff, 1977)
Medical Outcomes Study General Health Survey (Stewart et al., 1988)

---

*Note: Scales are listed in order of completion.*



## RESULTS

### Descriptive Findings

#### Partner Knowledge

Examining the raw correlations used to calculate familiarity, where partner knowledge could range from -1 (completely unfamiliar) to +1 (completely familiar), familiarity with partners' social support preferences ranged from -.29 to .93 ( $M = .27$ ,  $SD = .23$ ). Familiarity with partners' general attitudes ranged from -.02 to .93 ( $M = .60$ ,  $SD = .18$ ), while trait familiarity ranged from -.65 to .97 ( $M = .49$ ,  $SD = .28$ ).

For males, support preferences familiarity and attitude familiarity were significantly positively correlated ( $r(90) = .252$ ,  $p = .015$ ). Males' support preferences familiarity and trait familiarity were also significantly correlated ( $r(90) = .244$ ,  $p = .019$ ), and their attitude and trait familiarity scores were correlated as well ( $r(90) = .328$ ,  $p = .001$ ). For females, support preferences familiarity was not significantly associated with their attitude familiarity ( $r(90) = .168$ ,  $p = .109$ ) or trait familiarity ( $r(90) = .007$ ,  $p = .945$ ). Females' trait familiarity and attitude familiarity were significantly correlated ( $r(90) = .237$ ,  $p = .023$ ).

#### Personality

The average score for agreeableness was 16.49 ( $SD = 2.72$ ), where scores could range from 4 to 20. Narcissism scores ranged from 15 to 44 ( $M = 27.87$ ,  $SD = 4.68$ ), psychopathy ranged from 9 to 42 ( $M = 19.33$ ,  $SD = 5.99$ ), and Machiavellianism ranged

from 9 to 45 ( $M = 23.89$ ,  $SD = 6.20$ ), where the highest possible score on each scale is a 45.

### Outcomes

Positive affect scores ranged from 4 to 15 ( $M = 11.87$ ,  $SD = 2.04$ ), while negative affect ranged from 3 to 15 ( $M = 7.55$ ,  $SD = 2.32$ ), where the highest possible score was a 15. Perceived support ranged from 16 to 40 ( $M = 36.18$ ,  $SD = 4.35$ ), where the highest possible score was 40. With a highest possible value of 60, depression scores ranged from 0 to 48 ( $M = 15.50$ ,  $SD = 10.46$ ). Relationship satisfaction ranged from 61 to 144 ( $M = 113.73$ ,  $SD = 15.58$ ), with 146 being the highest possible score. Physical functioning scores ranged from 9 to 29 ( $M = 26.12$ ,  $SD = 3.45$ ), where 29 was the highest possible score, representing better functioning. See Table 2 and 3 for a list of all means and standard deviations as well as for Cronbach's Alpha results for each scale.

### Familiarity and Its Association With Relationship and Health Outcomes

#### Support Preferences Familiarity

While actors' support preferences familiarity was not related to their own perceived support, partners' support preferences familiarity was associated with greater perceived support (see Table 4). This means that participants reported greater perceived support when partners knew their support preferences better. However, neither actor nor partner support preferences familiarity predicted relationship satisfaction or positive affect. Actors' support preferences familiarity was related to their own greater negative affect, indicating that their knowledge of their partners' support preferences was related

to their own greater negative affect, though partners' familiarity was not associated with negative affect. Neither actors' nor partners' support preferences familiarity was related to depression or physical health.

We then put support preferences familiarity and general attitude familiarity into our models simultaneously to see if it influenced their associations with our dependent variables. Including both types of partner knowledge in the models did not alter the significant effects compared to when they were run individually (see Table 5). When including both support preferences familiarity and trait familiarity in our models simultaneously and examining their associations with our dependent variables, the results were also unchanged (see Table 6).

#### Attitude Familiarity

Actors' attitude familiarity was significantly associated with one's own higher perceived social support (see Table 4). This means that knowledge of partners' attitudes was related to one's own reports of higher perceived support. However, partners' attitude familiarity was not related to one's perceived support ratings. Actors' attitude familiarity was also associated with greater relationship satisfaction such that greater knowledge of partners' attitudes was linked to one's greater relationship satisfaction. Partners' familiarity was not related. Actors' attitude familiarity was also related to one's own greater positive affect, while partners' familiarity was not linked to positive affect. Neither actor nor partner familiarity was associated with negative affect, depression, or physical health.

### Trait Familiarity

Actors' trait familiarity was linked to greater perceived support, greater relationship satisfaction, higher positive affect, lower negative affect, and lower depression scores (see Table 4). Thus, knowing a significant other's traits better is associated with one's own greater perceived support, being more satisfied with the relationship, higher positive affect, lower negative affect, and lower depression. It was not related to physical health. However, partners' familiarity was not related to any of one's own outcomes: perceived support, relationship satisfaction, positive affect, negative affect, depression, or physical health.

### Differences Between Partners in Familiarity

#### Support Preferences Familiarity

We examined whether the difference between partners in support preferences familiarity was associated with our dependent variables (see Table 7). The difference in familiarity within couples was not related to perceived support, relationship satisfaction, positive affect, negative affect, depression, or physical health.

#### Attitude Familiarity

The difference between partners in attitude familiarity was not associated with perceived support, relationship satisfaction, positive affect, depression, or physical health (see Table 7). It was significantly related to greater negative affect. As the difference between partners in attitude familiarity becomes larger, they experience greater negative affect.

## Trait Familiarity

We then examined whether differences between partners in trait familiarity was related to our dependent variables (see Table 7). It was not associated with perceived support, positive affect, negative affect, depression, or physical health. Larger differences between partners were associated with reports of lower relationship satisfaction.

### Familiarity and its Relation to Personality Traits

#### Personality and its Association with Familiarities

Neither actor nor partner agreeability were related to a person's support preferences familiarity or attitude familiarity (see Table 8). While actor agreeability was also not related to trait familiarity, partner's agreeability was related to greater trait familiarity. The more agreeable one's partner is, the more likely one knows his or her partner's traits.

Partners' narcissism was related to greater support preferences familiarity, such that the more narcissistic one's partner was, the more likely one was familiar with his or her social support preferences. Actor narcissism was not related to this, however. Actor and partner narcissism were not related to attitude familiarity or trait familiarity.

Neither actor nor partner psychopathy scores were related to support preferences familiarity, attitude familiarity, or trait familiarity. Machiavellianism was also not associated with support preferences, attitude, or trait familiarity.

## Familiarity Predicting Relationship Quality When Controlling for Personality

Controlling for agreeableness did not significantly affect how partner knowledge was related to relationship quality. Partners' support preferences familiarity is still associated with greater perceived support when also controlling for agreeability ( $B = .86$ ,  $SE = .33$ ,  $p = .012$ ), while actors' attitude familiarity continues to be related to both greater perceived support ( $B = 1.04$ ,  $SE = .42$ ,  $p = .015$ ) and relationship satisfaction ( $B = 3.50$ ,  $SE = 1.28$ ,  $p = .008$ ) when adding agreeability to the equations. Actors' trait familiarity is also still associated with greater perceived support ( $B = 1.21$ ,  $SE = .31$ ,  $p < .001$ ) and relationship satisfaction when controlling for agreeability ( $B = 4.51$ ,  $SE = 1.17$ ,  $p < .001$ ). Controlling for agreeability did not significantly affect how familiarities are related to relationship quality.

Controlling for narcissism did not significantly affect how familiarities are related to relationship quality either. When controlling for narcissism, partners' support preferences familiarity continues to be related to greater perceived support ( $B = .75$ ,  $SE = .35$ ,  $p = .035$ ), while actors' attitude familiarity still is associated with greater perceived support ( $B = 1.01$ ,  $SE = .41$ ,  $p = .017$ ) and relationship satisfaction ( $B = 3.49$ ,  $SE = 1.29$ ,  $p = .009$ ). For trait familiarity, actors' familiarity still is related to greater perceived support ( $B = 1.26$ ,  $SE = .29$ ,  $p < .001$ ) and relationship satisfaction ( $B = 4.47$ ,  $SE = 1.16$ ,  $p < .001$ ).

Controlling for psychopathy did not significantly affect how familiarities are related to relationship quality. When controlling for psychopathy, partners' support preferences familiarity continues to be associated with greater perceived support ( $B = .84$ ,

$SE = .33, p = .014$ ), and actors' attitude familiarity is still related to greater perceived support ( $B = .94, SE = .42, p = .029$ ) and relationship satisfaction ( $B = 2.75, SE = 1.14, p = .019$ ). Furthermore, actors' trait familiarity continues to be associated with greater perceived support ( $B = 1.10, SE = .31, p = .001$ ) and relationship satisfaction ( $B = 3.42, SE = 1.08, p = .002$ ) when controlling for psychopathy.

Controlling for Machiavellianism did not significantly affect how familiarities are related to relationship quality. When controlling for Machiavellianism, partners' support preferences familiarity continues to be related to greater perceived support ( $B = .92, SE = .33, p = .007$ ) and actors' attitude familiarity is still associated with greater perceived support ( $B = .93, SE = .43, p = .033$ ) and relationship satisfaction ( $B = 3.08, SE = 1.23, p = .015$ ). Regarding trait familiarity, actors' familiarity still is related to greater perceived support ( $B = 1.15, SE = .30, p < .001$ ) and relationship satisfaction ( $B = 3.89, SE = 1.12, p < .001$ ) when we control for Machiavellianism.

### Secondary Analyses

#### Controlling for Similarity

Finally, we examined whether our partner knowledge variables were still related to our dependent variables when controlling for the related similarities. Support preferences familiarity and similarity were significantly correlated for both males ( $r(90) = .389, p < .001$ ) and females ( $r(90) = .493, p < .001$ ). We first examined support preferences familiarity and its associations with our dependent variables while also controlling for support preferences similarity. Partners' familiarity was no longer significantly related to perceived support ( $B = .70, SE = .36, p = .055$ ). Actors' support preferences familiarity was still associated with higher negative affect ( $B = .48, SE = .19,$

$p = .013$ ).

Attitude familiarity and attitude similarity were also significantly correlated for both males ( $r(90) = .214, p < .040$ ) and females ( $r(90) = .381, p < .001$ ). Examining attitude familiarity, actors' familiarity continues to be associated with higher perceived support ( $B = 1.05, SE = .42, p = .015$ ) and greater relationship satisfaction ( $B = 2.97, SE = 1.40, p = .038$ ). Actors' familiarity was also still significantly associated with greater positive affect ( $B = .41, SE = .20, p = .041$ ) after controlling for similarity. Controlling for similarity did not influence attitude familiarity's associations with our outcomes.

Trait familiarity and similarity were also significantly correlated for both males ( $r(90) = .235, p = .024$ ) and females ( $r(90) = .270, p = .009$ ). When examining trait familiarity, actors' familiarity was still associated with significantly higher perceived support ( $B = 1.29, SE = .30, p < .001$ ), relationship satisfaction ( $B = 4.64, SE = 1.29, p = .001$ ), positive affect ( $B = .49, SE = .17, p = .005$ ), negative affect ( $B = -.55, SE = .20, p = .007$ ), and depression ( $B = -2.84, SE = .85, p = .001$ ). Controlling for similarity did not influence actors' trait familiarity's prior associations with our outcomes.

#### Gender and Partner Knowledge

Gender was not significantly associated with knowledge of partners' attitudes ( $B = .04, SE = .11, p = .686$ ). It was also not significantly related to knowledge of partners' support preferences ( $B = -.25, SE = .16, p = .115$ ) or trait familiarity ( $B = .14, SE = .15, p = .341$ ). Overall, it does not appear that one gender is more familiar with their partners than the other.



Table 2  
*Means and Standard Deviations for all Variables*

Scales	Mean	Standard Deviation
<i>Partner Knowledge (original correlations)</i>		
Support Familiarity	.27	.23
Support Similarity	.23	.22
Attitude Familiarity	.60	.18
Attitude Similarity	.37	.26
Trait Familiarity	.49	.28
Trait Similarity	.33	.28
<i>Relationship Outcomes</i>		
Perceived Support	36.18	4.35
Relationship Satisfaction	113.73	15.58
<i>Health Outcomes</i>		
Positive Affect	11.87	2.04
Negative Affect	7.55	2.32
Depression	15.50	10.46
Physical Health	26.12	3.45
<i>Personality</i>		
Agreeableness	16.49	2.72
Narcissism	27.87	4.68
Psychopathy	19.33	5.99
Machiavellianism	23.89	6.20

Table 3  
*Cronbach's Alpha for all Scales*

Scales	Cronbach's Alpha
Support Familiarity Self-Reports	.957
Support Familiarity Perception of Partner	.945
Attitude Familiarity Self-Report	.652
Attitude Familiarity Perception of Partner	.619
Trait Familiarity Self-Report	.604
Trait Familiarity Perception of Partner	.101
Perceived Support	.845
Relationship Satisfaction	.905
Positive Affect	.868
Negative Affect	.836
Depression	.918
Physical Health	.831
Agreeableness	.675
Dark Triad	.838

Table 4  
*Familiarity and Associations With Relationship and Health*

Outcomes	Perceived Support		Relationship Satisfaction		Positive Affect		Negative Affect		Depression		Physical Health	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Predictors												
Support Familiarity												
Actor	.17	.35	-1.64	1.31	-.14	.15	.37*	.17	.74	.93	-.26	.29
Partner	.84*	.33	1.39	1.27	.27	.15	-.16	.16	-.59	.88	.16	.21
Attitude Familiarity												
Actor	1.03*	.42	3.43*	1.31	.44*	.17	-.24	.21	-.96	.94	.09	.29
Partner	.09	.29	-.86	1.17	-.20	.18	.08	.21	.45	.79	-.45	.26
Trait Familiarity												
Actor	1.22***	.31	4.22***	1.18	.37*	.16	-.46*	.19	-2.41**	.83	-.13	.27
Partner	.01	.24	.52	1.13	.09	.16	-.19	.16	.63	.68	.12	.23

\* < .05, \*\* < .01, \*\*\* < .001

Table 5  
*Social Support Familiarity (SSF) and Its Associations With Relationships and Health When Controlling for Attitude Familiarity (AF)*

Outcomes	Perceived Support		Relationship Satisfaction		Positive Affect		Negative Affect		Depression		Physical Health	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Predictors												
Actor SSF	.03	.34	-2.11	1.27	-.18	.15	.40*	.18	.84	.92	-.21	.28
Partner SSF	.76*	.32	1.16	1.24	.27	.15	-.14	.17	-.56	.86	.22	.21
Actor AF	.97*	.42	3.72**	1.24	.45**	.16	-.30	.20	-1.06	.90	.10	.29
Partner AF	-.06	.29	-.89	1.19	-.24	.18	.07	.21	.48	.80	-.47	.26

\* < .05, \*\* < .01, \*\*\* < .001

Table 6

*Social Support Familiarity (SSF) and Its Associations With Relationships and Health When Controlling for Trait Familiarity (TF)*

Outcomes	Perceived Support		Relationship Satisfaction		Positive Affect		Negative Affect		Depression		Physical Health	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Predictors												
Actor SSF	.15	.35	-1.89	1.28	-.16	.16	.41*	.18	.72	.93	-.27	.29
Partner SSF	.65*	.32	.56	1.17	.20	.15	-.06	.16	-.15	.85	.18	.22
Actor TF	1.08**	.34	4.15***	1.06	.34*	.16	-.46*	.19	-2.39**	.84	-.15	.27
Partner TF	-.06	.27	.78	1.09	.10	.17	-.25	.17	.53	.71	.15	.23

\* < .05, \*\* < .01, \*\*\* < .001

Table 7  
*Differences in Familiarity Between Partners and Their Associations With Outcomes*

Outcomes	Perceived Support		Relationship Satisfaction		Positive Affect		Negative Affect		Depression		Physical Health	
	B	SE	B	SE	B	SE	B	SE	B	SE	B	SE
Predictors												
Support Familiarity Difference	-.34	.55	-2.96	1.69	.17	.21	.03	.26	.24	1.16	.18	.33
Attitude Familiarity Difference	-.53	.64	-2.47	1.97	-.16	.27	.76*	.34	1.53	1.59	-.16	.41
Trait Familiarity Difference	-.55	.34	-5.09***	1.54	.12	.18	.16	.22	.43	1.07	.02	.32

\*< .05, \*\* <.01, \*\*\* < .001

Table 8  
*Personality and Its Relation to Partner Knowledge*

Outcomes	Support Familiarity		Attitude Familiarity		Trait Familiarity	
	B	SE	B	SE	B	SE
Predictors						
Agreeableness						
Actor	-.03	.03	-.02	.03	.02	.03
Partner	.00	.03	.02	.03	.08*	.03
Narcissism						
Actor	.01	.02	.01	.02	.00	.02
Partner	.05**	.02	.01	.02	.03	.02
Psychopathy						
Actor	.01	.02	-.02	.02	-.03	.02
Partner	.01	.02	-.02	.01	.00	.01
Machiavellianism						
Actor	.00	.02	-.01	.01	-.01	.01
Partner	.01	.01	.00	.01	.00	.01

\* < .05, \*\* < .01, \*\*\* < .001

## DISCUSSION

### Familiarity's Associations With Relationships and Health

Support preferences familiarity was not as useful a measure as we had predicted. Because the measure used to assess knowledge of partners' support preferences mirrored the one used to assess actual perceived support, it makes sense that familiarity was linked to greater perceived support. When partners know how their significant others like to be supported, they should be able to provide greater help and aid. However, partners' support preferences familiarity was not related to relationship satisfaction or any of our health outcomes. Actors' familiarity with partners' support preferences was only linked to greater negative affect.

Why was support preferences familiarity not linked to relationship quality and health? We had predicted they would be related because of its contributions to social support. While support familiarity was associated with its *most* relevant outcome (perceived support), it was not consistently linked to broader outcomes. This may be because social support is simply one of many factors relevant to relationship satisfaction and health. In contrast, the other types of partner knowledge studied in this work are more general. Partner knowledge may be a more powerful predictor when its focus is associated with a wider array of qualities and behaviors of the known person. For example, knowing someone's attitudes toward a variety of people, places, and objects is likely to be more helpful because a person's attitudes guide information processing (e.g.,



Lord, Ross, & Lepper, 1979), appraisals of choice alternatives (e.g., Sanbonmatsu & Fazio, 1990), and behavior (e.g., Ajzen & Fishbein, 1977). Consistent with this idea, attitude familiarity was linked to more of our dependent variables. Having knowledge of another person may be more useful when it is applicable to a wider range of interactions with this person and the decisions they may make, whereas knowledge of support preferences may only be relevant to situations when the person needs support.

Attitude familiarity and its associations with our outcomes were primarily actor effects. Specifically, familiarity with partners' attitudes was associated with reporting higher perceived support from one's partner, greater relationship satisfaction, and greater positive affect. It was not related to negative affect, depression, or physical health. The emphasis on actor effects fits with prior findings by Sanbonmatsu et al. (2012). This paper also looked at actor and partner effects for attitude familiarity and while some partner effects were found, actors' attitude familiarity was linked to more relationship outcomes. Thus, there is growing support indicating that attitude familiarity's associations with relationship outcomes are based more on people's knowledge of their partners than their partners' familiarity with them. It is possible that as people become more familiar with their partners' attitudes, they also start to feel closer to their partner. As this feeling of intimacy grows, it may cause them to be happier, more satisfied with their relationships, and to believe that their partners are more supportive. It is important to note that the causal direction of these effects could also go in the opposite direction; perhaps when a person is happier and more satisfied with their relationship, that person then makes the effort to learn more about their partner. It may be that within a couple, the person who is already experiencing higher positive affect, greater relationship

satisfaction, and perceived support is also the person who actively seeks to learn more about their partner. More research is still needed to help pinpoint what mediates these associations. Overall, these findings continue to suggest that a person looking to improve the quality of his or her relationship should make the effort to learn his or her partner's attitudes.

Additionally, while attitude familiarity has been linked to mental health (i.e., satisfaction with life), the same paper did not find it to be associated with depression (Moore et al., 2016). It appears that the relationship between attitude familiarity and mental health is complicated. It may be that attitude familiarity is more relevant to positive outcomes than negative outcomes. Our findings further suggest this because we found that attitude familiarity was linked to positive affect but not negative affect.

The link between attitude familiarity and physical health should also be investigated more in the future. While couples lower in attitude familiarity have higher daily ambulatory blood pressure (Sanbonmatsu et al., 2011), we did not find a connection to reports of overall physical health as measured in this study. It may be that attitude familiarity is associated with physiological measures of health but not with self-reports. It could also be related to only certain types or measures of physical health but not evident in an overall report of physical health. It is also true that on average, our participants reported very good physical health, with a mean score of 26 out of a possible 29. It is possible that this lack of range in physical health may be the reason we did not find any associations. This could be further investigated with a more diverse population and using other measures of physical health.

Trait familiarity and its associations with our outcomes were actor effects as well.

Participants' greater knowledge of their partners' traits was linked to participants reporting higher levels of perceived support, greater relationship satisfaction, higher positive affect, lower negative affect, and lower depression scores. It was not associated with physical health, nor was partners' familiarity related to any of our outcomes. These findings overall fit with work by Neff and Karney (2002). They examined partner knowledge using traits as well, having partners assess one another on six traits (e.g., intelligence), and they also found it was linked to reports of positive relationship outcomes. Our work provides additional evidence that trait familiarity is a very useful construct, associated with several positive relationship and health outcomes. Thus, our results indicate that learning their partners' traits is another way people can attempt to improve their relationships. Furthermore, this is something one partner can initiate. Our findings suggest that even if a partner takes the initiative to learn more about his or her significant other's personality traits, he or she can experience relationship and health benefits. Perhaps the benefits experienced by that person can later lead to positive changes in the relationship for both partners.

Another issue that needs to be considered is how familiarity was calculated in this study. We followed past protocol with our work on attitude familiarity (e.g., Moore et al., 2016) and calculated the correlation between perceived and self-reported attitudes. Recently, it has been suggested that distinctive indices should be used instead. Wood and Furr (2015) review the benefits to distinctive indices of accuracy and similarity while also pointing out that there is still disagreement upon this issue in the relationships literature. Their article makes the point that similarity constructs (which include measures of accuracy) are linked to positive outcomes due to the normative-desirability confound.

Essentially, overall measures of familiarity are confounded with the benefits of people simply having desirable traits. When the “normative profile” is subtracted from both one’s self-reports and others’ perceptions of that person, these distinctive measures of accuracy are not as strongly associated with good outcomes. In the future, it would strengthen our findings regarding attitude familiarity to also look at how familiarity is related to relationships and health when it is calculated in the manner advocated by Wood and Furr (2015). However, it is less likely that the normative-desirability confound is present in our attitude familiarity work as the attitudes we assess often have no clear socially desirable response.

#### Differences in Partner Knowledge

We also examined whether differences between partners in their knowledge of one another was related to our outcomes. Partner differences in familiarity with one another’s support preferences were not related to relationship quality or health in any way. Examining attitude familiarity, we found that when partners were similarly familiar with each other’s attitudes, they experienced less negative affect. However, the difference in knowledge was not related to any other outcomes. Regarding trait familiarity, the difference between partners in trait familiarity was only associated with relationship satisfaction. When partners were similarly familiar with one another’s traits, it was related to more satisfying relationships. The two findings do fit with our general predictions. In couples where one partner is very knowledgeable of their significant other, yet their partner is fairly clueless about him or her, we would expect there to be relationship problems and unhappiness. It is probable that large differences in familiarity are symptoms of more significant problems, such as the less knowledgeable person’s lack

of investment or commitment. It could also be a sign that the unknown partner is emotionally unavailable and therefore difficult to get to know. However, overall, differences in partner knowledge within couples do not appear to be strongly associated with relationship quality or health.

### Familiarity and Personality

We considered how certain personality traits related to our three studied types of partner knowledge. For agreeability, partner's agreeability was related to trait familiarity. Specifically, people were more familiar with their partners' traits when their partners were more agreeable. We had predicted that it would be easier to learn an agreeable person's attitudes. It appears that when agreeability comes into play, it may be more a matter of how agreeable the target is, not the perceiver. However, looking at multiple types of familiarity, agreeability was not associated with knowledge of others in a consistent way. For narcissism, partners' narcissism was only related to support familiarity. People were more familiar with their partners' support preferences when their partner was more narcissistic. This also fits with prior research indicating that narcissists believe their opinions count more than those of others' (John & Robins, 1994), which may lead them to make their opinions known to others. However, this trait was also not consistently linked to knowledge of others across different types of partner knowledge. Neither actor nor partner psychopathy were related to types of partner knowledge. Machiavellianism was also not associated with familiarity with one's partner.

We found that controlling for the personality variables of agreeableness, narcissism, psychopathy, and Machiavellianism did not influence the associations between partner knowledge variables and relationship quality or health. Overall,

personality variables were not consistently associated with more or less familiarity with one's partner. Additionally, while personality is associated with relationship outcomes, when we control for personality variables, the associations between partner knowledge and relationship quality were not significantly altered. Thus, for the personality variables studied, there is little evidence that the associations between partner knowledge, and relationship or health outcomes are due to personality confounds. This helps further establish that partner knowledge has unique contributions to relationships and health and is not simply capturing the effects of personality traits. Because of this, we can then be more certain that partner knowledge is a useful construct, related not only to the quality of one's relationship but also to one's health. Future research should study other personality traits (i.e., neuroticism, conscientiousness, etc.) to further determine what role personality may play in partner knowledge.

#### Similarity and Gender

Finally, we controlled for attitude similarity to determine whether the relationship between familiarity and our outcomes was independent from the effects of similarity. Partners' familiarity with participants' support preferences was still significantly associated with participants reporting greater perceived support and actors' familiarity with partners' support preferences was still associated with their own greater negative affect when similarity was controlled. Controlling for attitude similarity did not influence familiarity's associations with our outcomes either, nor did controlling for trait similarity affect the results for trait familiarity. While support familiarity was not as influential in our findings as predicted, attitude and trait familiarity were both associated with several positive outcomes. From these secondary analyses, we see evidence that attitude and trait

familiarity are related to good relationship and health outcomes and that these effects are independent from similarity. This provides further evidence that attitude familiarity and trait familiarity are not simply confounded with partner similarity and that partner knowledge contributes something unique.

We also examined whether the genders differed in terms of familiarity with partners' support preferences, attitudes, or traits. However, gender was not significantly associated with any type of partner knowledge. This fits with our prior work on attitude familiarity, which also failed to find gender differences (e.g., Sanbonmatsu et al., 2012; Uchino et al., 2013).

### Conclusions

In conclusion, our attempt to establish a link between a new form of partner knowledge and relationship and health benefits was not as successful as we had hoped. Support preferences familiarity was not consistently associated with relationship or health outcomes. In fact, it was only related to the most directly relevant outcome (perceived support) and, somewhat perplexedly, to higher negative affect. As discussed above, we believe the narrow scope of this measure may have limited us in finding effects. In the future, researchers should focus on measures of partner knowledge that target aspects of persons that have more far-reaching influence similar to attitude familiarity. For example, an idea that could be explored is familiarity with partners' mental or physical health. Because a person's health affects many aspects of their work, interactions, and activities, knowledge of partners' health may be associated with a multitude of relationship and health outcomes. Other directions could include familiarity with partners' goals or familiarity with personality traits other than the Big 5, such as familiarity with partners'

narcissism or their Dark Triad scores overall, or even familiarity with partners' attachment style or self-esteem. These are all variables that we might expect to have a broader range of influence, thus making it more likely that familiarity with partners would be linked to a greater number of influential outcomes.

Overall, while our primary hypotheses did not result as predicted, this work does provide guidance for future researchers of partner knowledge. Broader assessments of partner knowledge are likely to be applicable to a wider range of outcomes while narrow measures of partner knowledge may be too limited. Additionally, while partner effects do occur, actor effects were far more common, particularly for trait familiarity. It seems as though people experience the benefits of partner knowledge not necessarily because their partners know them well, but because they know their partners well. Finally, we have begun to establish that not only is personality weakly associated with knowledge of partners, but that familiarity and its link to relationships is not due to personality confounds. This work continues to provide evidence that by making a concentrated effort to learn more about their partners, be it their attitudes or traits, people may enhance the quality of their relationships and also see benefits for their own mental health.



## APPENDIX A

### ATTITUDES SCALE

Please indicate your personal evaluations of each of the activities, persons, objects, and events listed below using the provided scale, on which “-3” indicates very negative and “+3” indicates very positive.

exercise	-3	-2	-1	0	+1	+2	+3
waking up early	-3	-2	-1	0	+1	+2	+3
camping	-3	-2	-1	0	+1	+2	+3
reading	-3	-2	-1	0	+1	+2	+3
household chores	-3	-2	-1	0	+1	+2	+3
having kids	-3	-2	-1	0	+1	+2	+3
family gatherings	-3	-2	-1	0	+1	+2	+3
Wal-Mart	-3	-2	-1	0	+1	+2	+3
money	-3	-2	-1	0	+1	+2	+3
Tom Cruise	-3	-2	-1	0	+1	+2	+3
Africa	-3	-2	-1	0	+1	+2	+3
broccoli	-3	-2	-1	0	+1	+2	+3
guns	-3	-2	-1	0	+1	+2	+3
politics	-3	-2	-1	0	+1	+2	+3
recycling	-3	-2	-1	0	+1	+2	+3
television	-3	-2	-1	0	+1	+2	+3

Catholics	-3	-2	-1	0	+1	+2	+3
Oprah Winfrey	-3	-2	-1	0	+1	+2	+3
museums	-3	-2	-1	0	+1	+2	+3
concerts	-3	-2	-1	0	+1	+2	+3
cats	-3	-2	-1	0	+1	+2	+3
gasoline	-3	-2	-1	0	+1	+2	+3
work	-3	-2	-1	0	+1	+2	+3
computers	-3	-2	-1	0	+1	+2	+3
beer	-3	-2	-1	0	+1	+2	+3

## APPENDIX B

### SOCIAL SUPPORT ATTITUDES

For the following items, please indicate how much you like or dislike the described situations or circumstances. Rate accordingly on the provided scale, on which “-3” indicates a very negative evaluation and “+3” indicates a very positive evaluation.

1. Having several people I trust to help me solve my problems.

-3   -2   -1   0   +1   +2   +3

2. People willing to help me fix an appliance or repair my car.

-3   -2   -1   0   +1   +2   +3

3. Having friends who are more interesting than I am.

-3   -2   -1   0   +1   +2   +3

4. Someone taking pride in my accomplishments.

-3   -2   -1   0   +1   +2   +3

5. Having several people I can talk to when I feel lonely.

-3   -2   -1   0   +1   +2   +3

6. Having someone I feel comfortable talking to about intimate personal problems.

-3   -2   -1   0   +1   +2   +3

7. Often meeting or talking with family or friends.

-3   -2   -1   0   +1   +2   +3

8. Most people I know thinking highly of me.

-3   -2   -1   0   +1   +2   +3

9. Having someone who would take me when I need a ride to the airport very early in the morning.

-3 -2 -1 0 +1 +2 +3

10. Feeling like I'm always included by my circle of friends.

-3 -2 -1 0 +1 +2 +3

11. Having someone who can give me an objective view of how I'm handling my problems.

-3 -2 -1 0 +1 +2 +3

12. Having several different people I enjoy spending time with.

-3 -2 -1 0 +1 +2 +3

13. Thinking that my friends feel I'm very good at helping them solve their problems.

-3 -2 -1 0 +1 +2 +3

14. Having someone who would take me to the doctor when I'm sick and need someone.

-3 -2 -1 0 +1 +2 +3

15. Having someone who would go with me if I wanted to go on a trip for a day (e.g., to the mountains, beach, or country).

-3 -2 -1 0 +1 +2 +3

16. Having someone who would help me make arrangements if I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house).

-3 -2 -1 0 +1 +2 +3

17. Feeling that I can share my most private worries and fears with someone.

-3 -2 -1 0 +1 +2 +3

18. Someone offering to help me with my daily chores when I feel sick.

-3 -2 -1 0 +1 +2 +3

19. Having someone I can turn to for advice about handling problems with my family.

-3 -2 -1 0 +1 +2 +3

20. Feeling as good at doing things as most other people.

-3 -2 -1 0 +1 +2 +3

21. Easily having someone who would go with me if I decide one afternoon that I would like to go to a movie that evening.

-3 -2 -1 0 +1 +2 +3

22. Knowing I have someone I can turn to when I need suggestions on how to deal with a personal problem.

-3 -2 -1 0 +1 +2 +3

23. Having someone I could get \$100 from if I needed an emergency loan.

-3 -2 -1 0 +1 +2 +3

24. People generally having confidence in me.

-3 -2 -1 0 +1 +2 +3

25. Knowing people who generally enjoy the same things that I do.

-3 -2 -1 0 +1 +2 +3

26. Having someone I could turn to for advice when making career plans or changing my job.

-3 -2 -1 0 +1 +2 +3

27. Often getting invited to do things with others.

-3 -2 -1 0 +1 +2 +3

28. Having friends who are more successful at making changes in their lives than I am.

-3 -2 -1 0 +1 +2 +3

29. Someone who would step in to help with the house (or apartment) if I had to go out of town for a few weeks (the plants, pets, garden, etc.).

-3 -2 -1 0 +1 +2 +3

30. Having someone I can trust to give me good financial advice.

-3 -2 -1 0 +1 +2 +3

31. Being able to easily find someone to join me if I wanted to have lunch with someone.

-3 -2 -1 0 +1 +2 +3

32. Being more satisfied with my life than most people are with theirs.

-3 -2 -1 0 +1 +2 +3

33. Having someone I could call who would come and get me if I was stranded 10 miles from home.

-3 -2 -1 0 +1 +2 +3

34. Knowing people who would throw a birthday party for me.

-3 -2 -1 0 +1 +2 +3

35. Having someone who would lend me his or her car for a few hours.

-3 -2 -1 0 +1 +2 +3

36. Having someone who could give me good advice about how to handle a family crisis.

-3 -2 -1 0 +1 +2 +3

37. Being closer to my friends than most other people are to theirs.

-3 -2 -1 0 +1 +2 +3

38. Knowing at least one person whose advice I really trust.

-3 -2 -1 0 +1 +2 +3

39. Having someone who would help if I needed some help in moving to a new house or apartment.

-3 -2 -1 0 +1 +2 +3

40. Having an easy time keeping pace with my friends.

-3 -2 -1 0 +1 +2 +3

## APPENDIX C

### PERCEIVED SUPPORT FROM PARTNER

For the following items, please think about whether your partner would do these behaviors. Select yes or no.

- Y / N 1. I trust my partner to help me solve my problems.
- Y / N 2. My partner is willing to help me fix an appliance or repair my car.
- Y / N 3. My partner thinks I am interesting.
- Y / N 4. My partner takes pride in my accomplishments.
- Y / N 5. I can talk to my partner when I feel lonely.
- Y / N 6. I feel comfortable talking to my partner about intimate personal problems.
- Y / N 7. I can often meet or talk with my partner.
- Y / N 8. My partner thinks highly of me.
- Y / N 9. My partner would take me when I need a ride to the airport very early in the morning.
- Y / N 10. My partner helps to make me feel like I'm always included by my circle of friends.
- Y / N 11. My partner gives me an objective view of how I'm handling my problems.
- Y / N 12. I enjoy spending time with my partner.
- Y / N 13. My partner feels I'm very good at helping him or her solve his or her problems.
- Y / N 14. My partner would take me to the doctor when I'm sick and need someone.
- Y / N 15. My partner would go with me if I wanted to go on a trip for a day (e.g., to the mountains, beach, or country).

- Y / N 16. My partner would help me make arrangements if I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house).
- Y / N 17. I feel I can share my most private worries and fears with my partner.
- Y / N 18. My partner would offer to help me with my daily chores when I feel sick.
- Y / N 19. I can turn to my partner for advice about handling problems with my family.
- Y / N 20. My partner feels I am as good at doing things as most other people.
- Y / N 21. My partner would easily go with me if I decide one afternoon that I would like to go to a movie that evening.
- Y / N 22. I can turn to my partner when I need suggestions on how to deal with a personal problem.
- Y / N 23. My partner would give me an emergency loan if I needed \$100.
- Y / N 24. My partner generally has confidence in me.
- Y / N 25. My partner generally enjoys the same things that I do.
- Y / N 26. I could turn to my partner for advice when making career plans or changing my job.
- Y / N 27. I often get invited by my partner to do things.
- Y / N 28. My partner considers me successful at making changes in my life.
- Y / N 29. My partner would step in to help with the house (or apartment) if I had to go out of town for a few weeks (the plants, pets, garden, etc.).
- Y / N 30. I can trust my partner to give me good financial advice.
- Y / N 31. My partner would easily join me if I wanted to have lunch with someone.
- Y / N 32. My partner would consider me more satisfied with my life than most people are with theirs.
- Y / N 33. I could call my partner to come and get me if I was stranded 10 miles from home.
- Y / N 34. My partner would throw a birthday party for me.
- Y / N 35. My partner would lend me his or her car for a few hours.



Y / N 36. My partner would give me good advice about how to handle a family crisis.

Y / N 37. My partner would consider me closer to my friends than most other people are to theirs.

Y / N 38. I can really trust advice from my partner.

Y / N 39. My partner would help if I/we were moving to a new house or apartment.

Y / N 40. My partner would say I have an easy time keeping pace with my friends.

## APPENDIX D

### PARTNER'S ATTITUDES

Please indicate your perception of your partner's evaluations of each of the activities, persons, objects, and events listed below using the provided scale, on which “-3” indicates very negative and “+3” indicates very positive.

exercise	-3	-2	-1	0	+1	+2	+3
waking up early	-3	-2	-1	0	+1	+2	+3
camping	-3	-2	-1	0	+1	+2	+3
reading	-3	-2	-1	0	+1	+2	+3
household chores	-3	-2	-1	0	+1	+2	+3
having kids	-3	-2	-1	0	+1	+2	+3
family gatherings	-3	-2	-1	0	+1	+2	+3
Wal-Mart	-3	-2	-1	0	+1	+2	+3
money	-3	-2	-1	0	+1	+2	+3
Tom Cruise	-3	-2	-1	0	+1	+2	+3
Africa	-3	-2	-1	0	+1	+2	+3
broccoli	-3	-2	-1	0	+1	+2	+3
guns	-3	-2	-1	0	+1	+2	+3
politics	-3	-2	-1	0	+1	+2	+3
recycling	-3	-2	-1	0	+1	+2	+3
television	-3	-2	-1	0	+1	+2	+3

Catholics	-3	-2	-1	0	+1	+2	+3
Oprah Winfrey	-3	-2	-1	0	+1	+2	+3
museums	-3	-2	-1	0	+1	+2	+3
concerts	-3	-2	-1	0	+1	+2	+3
cats	-3	-2	-1	0	+1	+2	+3
gasoline	-3	-2	-1	0	+1	+2	+3
work	-3	-2	-1	0	+1	+2	+3
computers	-3	-2	-1	0	+1	+2	+3
beer	-3	-2	-1	0	+1	+2	+3

## APPENDIX E

### PARTNER'S SOCIAL SUPPORT ATTITUDES

For the following items, please think about whether **your partner** would like or dislike the described situations or circumstances. Rate **your partner's attitudes** accordingly on the provided scale, on which “-3” indicates a very negative evaluation and “+3” indicates a very positive evaluation.

1. Having several people they trust to help them solve their problems.

-3   -2   -1   0   +1   +2   +3

2. People willing to help them fix an appliance or repair their car.

-3   -2   -1   0   +1   +2   +3

3. Having friends who are more interesting than they are.

-3   -2   -1   0   +1   +2   +3

4. Someone taking pride in their accomplishments.

-3   -2   -1   0   +1   +2   +3

5. Having several people they can talk to when they feel lonely.

-3   -2   -1   0   +1   +2   +3

6. Having someone they feel comfortable talking to about intimate personal problems.

-3   -2   -1   0   +1   +2   +3

7. Often meeting or talking with family or friends.

-3   -2   -1   0   +1   +2   +3

8. Most people they know thinking highly of them.

-3   -2   -1   0   +1   +2   +3

9. Having someone who would take them when they need a ride to the airport very early in the morning.

-3 -2 -1 0 +1 +2 +3

10. Feeling like they are always included by their circle of friends.

-3 -2 -1 0 +1 +2 +3

11. Having someone who can give them an objective view of how they're handling their problems.

-3 -2 -1 0 +1 +2 +3

12. Having several different people they enjoy spending time with.

-3 -2 -1 0 +1 +2 +3

13. Thinking that their friends feel your partner is very good at helping them solve their problems.

-3 -2 -1 0 +1 +2 +3

14. Having someone who would take them to the doctor when they're sick and need someone.

-3 -2 -1 0 +1 +2 +3

15. Having someone who would go with them if they wanted to go on a trip for a day (e.g., to the mountains, beach, or country).

-3 -2 -1 0 +1 +2 +3

16. Having someone who would help them make arrangements if they needed a place to stay for a week because of an emergency (for example, water or electricity out in their apartment or house).

-3 -2 -1 0 +1 +2 +3

17. Feeling that they can share their most private worries and fears with someone.

-3 -2 -1 0 +1 +2 +3

18. Someone offering to help them with daily chores when they feel sick.

-3 -2 -1 0 +1 +2 +3

19. Having someone they can turn to for advice about handling problems with family.

-3 -2 -1 0 +1 +2 +3

20. Feeling as good at doing things as most other people.

-3 -2 -1 0 +1 +2 +3

21. Easily having someone who would go with them if they decide one afternoon that they would like to go to a movie that evening.

-3 -2 -1 0 +1 +2 +3

22. Knowing they have someone they can turn to when they need suggestions on how to deal with a personal problem.

-3 -2 -1 0 +1 +2 +3

23. Having someone they could get \$100 from if they needed an emergency loan.

-3 -2 -1 0 +1 +2 +3

24. People generally having confidence in them.

-3 -2 -1 0 +1 +2 +3

25. Knowing people who generally enjoy the same things that they do.

-3 -2 -1 0 +1 +2 +3

26. Having someone they could turn to for advice when making career plans or changing jobs.

-3 -2 -1 0 +1 +2 +3

27. Often getting invited to do things with others.

-3 -2 -1 0 +1 +2 +3

28. Having friends who are more successful at making changes in their lives than they are.

-3 -2 -1 0 +1 +2 +3

29. Someone who would step in to help with the house (or apartment) if they had to go out of town for a few weeks (the plants, pets, garden, etc.).

-3 -2 -1 0 +1 +2 +3

30. Having someone they can trust to give good financial advice.

-3 -2 -1 0 +1 +2 +3

31. Being able to easily find someone to join them if they wanted to have lunch with someone.

-3 -2 -1 0 +1 +2 +3

32. Being more satisfied with their life than most other people are.

-3 -2 -1 0 +1 +2 +3

33. Having someone they could call who would come and get them if they were stranded 10 miles from home.

-3 -2 -1 0 +1 +2 +3

34. Knowing people who would throw a birthday party for them.

-3 -2 -1 0 +1 +2 +3

35. Having someone who would lend them his or her car for a few hours.

-3 -2 -1 0 +1 +2 +3

36. Having someone who could give them good advice about how to handle a family crisis.

-3 -2 -1 0 +1 +2 +3

37. Being closer to their friends than most other people are.

-3 -2 -1 0 +1 +2 +3

38. Knowing at least one person whose advice they really trust.

-3 -2 -1 0 +1 +2 +3

39. Having someone who would help if they needed some help in moving to a new house or apartment.

-3 -2 -1 0 +1 +2 +3

40. Having an easy time keeping pace with their friends.

-3 -2 -1 0 +1 +2 +3

## REFERENCES

- Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Review*, *84*, 888-918.
- Barrera, M. (1986). Distinctions between social support concepts, measures, and models. *American Journal of Community Psychology*, *14*, 413-445.
- Brunstein, J. C., Dangelmayer, G., & Schultheiss, O. C. (1996). Personal goals and social support in close relationships: Effects on relationship mood and marital satisfaction. *Journal of Personality and Social Psychology*, *71*(5), 1006-1019.
- Campbell, W.K., & Foster, C.A. (2002). Relationships: An investment model analysis. *Personality and Social Psychology Bulletin*, *28*, 484-495.
- Campbell, W.K., Foster, C.A., & Finkel, E.J. (2002). Does self-love lead to love for others? A story of narcissistic game playing. *Journal of Personality and Social Psychology*, *83*, 340-354.
- Campo, R. A., Uchino, B. N., Holt-Lunstad, J., Vaughn, A. A., Reblin, M., & Smith, T. W. (2009). The assessment of positivity and negativity in social networks: The reliability and validity of the social relationships index. *Journal of Community Psychology*, *37*, 471-486.
- Cantril, H. (1965). *The pattern of human concerns*. New Brunswick, NJ: Rutgers University Press.
- Carroll, L. (1987). A study of narcissism, affiliation, intimacy, and power motives among students in business administration. *Psychological Reports*, *61*, 355-358.
- Chou, A. F., Stewart, S. L., Wild, R. C., & Bloom, J. R. (2012). Social support and survival in young women with breast carcinoma. *Psycho-Oncology*, *21*(2), 125-133.
- Cohen, S., & Hoberman, H. M. (1983). Positive events and social supports as buffers of life change stress. *Journal of Applied Social Psychology*, *13*(2), 99.
- Cohen, S., & Wills, T. A. (1985). Stress, social support, and the buffering hypothesis. *Psychological Bulletin*, *98*, 310-357.



- Davidowitz, M., & Myrick, R. D. (1984). Responding to the bereaved: An analysis of "helping" statements. *Death Education, 8*(1), 1-10.
- Diener, E., Ng, W., Harter, J., & Arora, R. (2010). Wealth and happiness across the world: Material prosperity predicts life evaluation, whereas psychosocial prosperity predicts positive feeling. *Journal of Personality and Social Psychology, 99*(1), 52-61.
- Diener, E., Wirtz, D., Tov, W., Kim-Prieto, C., Choi, D. W., Oishi, S., & Biswas-Diener, R. (2010). New well-being measures: Short scales to assess flourishing and positive and negative feelings. *Social Indicators Research, 97*(2), 143-156.
- Donnellan, M. B., Oswald, F. L., Baird, B. M., & Lucas, R. E. (2006). The mini-IPIP scales: Tiny-yet-effective measures of the big five factors of personality. *Psychological Assessment, 18*(2), 192-203.
- Farwell, L., & Wohlwend-Lloyd, R. (1998). Narcissistic processes: Optimistic expectations, favorable self-evaluations, and self-enhancing attributions. *Journal of Personality, 66*, 65-83.
- Finch, J. F., Okun, M. A., Pool, G. J., & Ruehlman, L. S. (1999). A comparison of the influence of conflictual and supportive social interactions on psychological distress. *Journal of Personality, 67*, 581-622.
- Frazier, P. A., Tix, A. P., & Barnett, C. L. (2003). The relational context of social support: Relationship satisfaction moderates the relations between enacted support and distress. *Personality and Social Psychology Bulletin, 29*(9), 1133-1146.
- Goldberg, L. R. (1999). A broad-bandwidth, public domain, personality inventory measuring the lower-level facets of several five-factor models. *Personality Psychology in Europe, 7*, 7-28.
- Gottman, J. M. (1994). *What predicts divorce?* Hillside, NJ: Lawrence Erlbaum Associates.
- Gray, M. J., Litz, B. T., Hsu, J. L., & Lombardo, T. W. (2004). Psychometric properties of the life events checklist. *Assessment, 11*(4), 330-341.
- Holt-Lunstad, J., Smith, T. B., & Layton, J. B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine, 7*: e1000316.
- John, O.P., & Robins, R.W. (1994). Accuracy and bias in self-perception: Individual differences in self-enhancement and the role of narcissism. *Journal of Personality and Social Psychology, 66*, 206-219.

- Jones, D. N., & Paulhus, D. L. (2014). Introducing the Short Dark Triad (SD3) A Brief Measure of Dark Personality Traits. *Assessment, 21*(1), 28-41.
- Kashy, D. A., & Kenny, D. A. (1999). The analysis of data from dyads and groups. In H. T. Reis & C. M. Judd (Eds.), *Handbook of research methods in social psychology* (pp. 451 – 477). New York: Cambridge University Press.
- Katz, D. (1960). The functional approach to the study of attitudes. *Public Opinion Quarterly, 24*, 163-204.
- Kaul, M., & Lakey, B. (2003). Where is the support in perceived support? The role of generic relationship satisfaction and enacted support in perceived support's relation to low distress. *Journal of Social and Clinical Psychology, 22*(1), 59-78.
- Kenny, D. A. (1996). Models of nonindependence in dyadic research. *Journal of Social and Personal Relationship, 13*, 279 – 294.
- Kraus, M. W., Côté, S., & Keltner, D. (2010). Social class, contextualism, and empathic accuracy. *Psychological Science, 21*, 1716 – 1723.
- Lakey, B., & Cronin, A. (2008). Low social support and major depression: Research, theory, and methodological issues. In K. Dobson & D. Dozois (Eds.), *Risk factors for depression* (pp. 385-408). San Diego, CA: Academic Press.
- Lord, C.G., Ross, L., & Lepper, M.R. (1979). Biased assimilation and attitude polarization: The effects of prior theories on subsequently considered evidence. *Journal of Personality and Social Psychology, 37*, 2098-2109.
- LePine, J. A., & Van Dyne, L. (2001). Voice and cooperative behavior as contrasting forms of contextual performance: Evidence of differential relationships with big five personality characteristics and cognitive ability. *Journal of Applied Psychology, 86*(2), 326-336.
- Lepore, S. J. (2001). A social-cognitive processing model of emotional adjustment to cancer. In A. Baum & B. L. Andersen (Eds.), *Psychosocial interventions for cancer* (pp. 99-116). Washington, DC: American Psychological Association.
- Lepore, S. J., & Helgeson, V. S. (1998). Social constraints, intrusive thoughts, and mental health after prostate cancer. *Journal of Social and Clinical Psychology, 17*, 89-106.
- Luo, S., & Snyder, A. G. (2009). Accuracy and biases in newlyweds' perceptions of each other: Not mutually exclusive but mutually beneficial. *Psychological Science, 20*(11), 1332-1339.
- Martire, L. M., Stephens, M. A. P., Druley, J. A., & Wojno, W. C. (2002). Negative

- reactions to received spousal care: Predictors and consequences of miscarried support. *Health Psychology, 21*(2), 167-176.
- Moore, S. M., Uchino, B. N., Baucom, B. R., Behrends, A. A., & Sanbonmatsu, D. M. (2016). Attitude similarity and familiarity and their links to mental health: An examination of potential interpersonal mediators. *The Journal of Social Psychology, 1* – 9.
- Murray, S. L., Holmes, J. G., & Griffin, D. W. (1996). The benefits of positive illusions: Idealization and the construction of satisfaction in close relationships. *Journal of Personality and Social Psychology, 70*(1), 79-98.
- Neff, L. A., & Karney, B. R. (2002). Judgments of a relationship partner: Specific accuracy but global enhancement. *Journal of Personality, 70*, 1079-1112.
- Neff, L.A., & Karney, B.R. (2005). To know you is to love you: The implications of global adoration and specific accuracy for marital relationships. *Journal of Personality and Social Personality, 88*, 480-497.
- Paulhus, D. L. (1998). Interpersonal and intrapsychic adaptiveness of trait self-enhancement: A mixed blessing? *Journal of Personality and Social Psychology, 74*, 1197-1208.
- Paulhus, D. L., & Williams, K. M. (2002). The dark triad of personality: Narcissism, Machiavellianism, and psychopathy. *Journal of Research in Personality, 36*(6), 556-563.
- Pickering, T.G., Shimbo, D., & Haas, D. (2006). Ambulatory blood-pressure monitoring. *The New England Journal of Medicine, 354*, 2368-2374.
- Radloff, L. S. (1977). The CES-D scale a self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401.
- Raudenbush, S. W., Bryk, A. S., Cheong, Y. F., Congdon, R., & du Toit, M. (2011). *HLM 7: Hierarchical Linear and Nonlinear Modeling*. Lincolnwood, IL: Scientific Software International.
- Reynolds, J. S., & Perrin, N. A. (2004). Mismatches in social support and psychosocial adjustment to breast cancer. *Health Psychology, 23*(4), 425.
- Rucker, D. D., Preacher, K. J., Tormala, Z. L., & Petty, R. E. (2011). Mediation analysis in social psychology: Current practices and new recommendations. *Social and Personality Psychology Compass, 5*(6), 359-371.
- Sanbonmatsu, D.M., & Fazio, R.H. (1990). The role of attitudes in memory-based decision making. *Journal of Personality and Social Psychology, 59*, 614-622.

- Sanbonmatsu, D. M., Uchino, B. N., & Birmingham, W. (2011). On the importance of knowing your partner's views: Attitude familiarity is associated with better interpersonal functioning and lower ambulatory blood pressure in daily life. *Annals of Behavioral Medicine, 41*, 131-137.
- Sanbonmatsu, D. M., Uchino, B. N., Wong, K. K., & Seo, J. Y. (2012). Getting along better: The role of attitude familiarity in relationship functioning. *Social Cognition, 30*, 350-361.
- Spanier, G. B. (1976). Measuring dyadic adjustment: New scales for assessing the quality of marriage and similar dyads. *Journal of Marriage and the Family, 38*(1), 15-28.
- Stewart, A. L., Hays, R. D., & Ware, J. E. Jr. (1988). The MOS short-form general health survey: Reliability and validity in a patient population. *Medical Care, 26*(7), 724-735.
- Strelan, P. (2007). Who forgives others, themselves, and situations? The roles of narcissism, guilt, self-esteem, and agreeableness. *Personality and Individual Differences, 42*(2), 259-269.
- Swann, W. B., De Le Ronde, C., & Hixon, J. G. (1994) Authenticity and positivity strivings in marriage and courtship. *Journal of Personality and Social Psychology, 66*, 857-869.
- Swann, W. B., Hixon, J. G., & De La Ronde, C. (1992). Embracing the bitter "truth": Negative self-concepts and marital commitment. *Psychological Science, 3*, 118-121.
- Uchino, B. N., Sanbonmatsu, D. M., & Birmingham, W. (2013). Knowing your partner is not enough: Spousal importance moderates the link between attitude familiarity and ambulatory blood pressure. *Journal of Behavioral Medicine, 36*(6), 549-555.
- Watson, P.J., Grisham, S.O., Trotter, M.V., & Biderman, M.D. (1984). Narcissism and empathy: Validity evidence for the Narcissistic Personality Inventory. *Journal of Personality Assessment, 48*, 301-30.
- Wood, D., & Furr, M. R. (2015). The correlates of similarity estimates are often misleadingly positive: The nature and scope of the problem, and some solutions. *Personality and Social Psychology Review, 20*(2), 79-99.