

## SOCIAL SUPPORT IN DISTRESSED COUPLES

1

Support Seeking, Provision, and  
Perception in Distressed Married Couples: A Multi-Method Analysis

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An emerging consensus argues for the importance of spousal support in our understanding of how relationships succeed or fail. This report covers two studies that examined support seeking, support provision, and support perception in distressed married couples. In Study 1 70 treatment-seeking and 70 nondistressed couples participated in a survey study; in Study 2 20 distressed and 20 nondistressed couples participated in an observational study. Global self-reports were used in both studies to assess spouses' support behaviours and perceived support. These measures were supplemented in Study 2 with measures of observed support behaviour and interaction-based perceived support as assessed during specific support interactions. Our self-report and observational measures consistently indicated that distressed marital couples display lower levels of positive support seeking and emotional/ instrumental support provision than nondistressed couples. We also found evidence for higher levels of negative support seeking and provision behaviour in distressed couples, as compared to nondistressed couples. Distressed spouses also reported lower levels of global and interaction-based perceived support than nondistressed spouses.

Practitioner points:

- Assess and evaluate the different support behaviours in couples
- Explain the interactional support behaviour cycle
- Increase support skills within the couple
- Detect and block negative support behaviours

Keywords: social support, couples, marital distress, observational study

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There is a growing body of research that points to the importance of spousal support for relational well-being (Sullivan & Davila, 2010). How spouses help each other cope with personal difficulties, stress, and other life burdens and tasks has been found to influence relationship satisfaction (Sullivan et al., 2010). Poor dyadic coping with stress is also highly predictive of divorce (Bodenmann, 2005; Bodenmann & Cina, 2006). Furthermore, spouses appear to be the persons most likely to be turned to for support in time of need (Dakof & Taylor, 1990), and they are the providers of nearly all types of support (including emotional support, such as expressions of sympathy, concern, caring; and instrumental support, such as practical help and behavioural assistance; Beach et al., 1993). Moreover, support from outside the marriage does not automatically compensate for a lack of spousal support (Coyne & DeLongis, 1986).

From a clinical point of view, a stronger focus on social support may not only increase our understanding of how couples function, but it may also enhance the effectiveness of our interventions. First, it is generally accepted that the strong and isolated research focus on conflict and problem-solving behaviours has yielded an insufficient and incomplete picture of the behavioural correlates of marital discord (Bradbury, Rogge, & Lawrence, 2001). Second, when seeking couple therapy, most distressed couples report a lack of support in their relationship (Rugel, 2003). More specifically, treatment-seeking couples often complain that their partner is no longer responsive to their needs engendered by stressful life events, and that consequently their basic interpersonal needs for affection and validation of personal worth and identity are no longer met by their partner (Cutrona, 1996). Third, there is a growing body of evidence, which indicates that incorporating a support-related component in

couple therapy makes the treatment more effective. For example, Jacobson and colleagues (1984; 1985) have found that a complete behavioural marital treatment package including a behaviour exchange component oriented toward direct instigation of positive changes in the natural environment, was more effective than a problem-solving training alone. Similarly, Bodenmann et al. (2008) found that Coping-Oriented Couples Therapy (COCT) -which helps partners to communicate more effectively with each other about their personal stress and how to mutually support each other emotionally and instrumentally in dealing with negative stress experiences- had a positive effect on couples' level of relationship satisfaction and expressed emotion (couples with one depressed partner). Social support and caregiving processes in couples also play an important role in fulfilling spouses' attachment needs within their relationship, which is a central concept of Emotion-Focused Couples Therapy (EFCT; Greenberg & Johnson, 1988). More specifically, receiving support from a partner may contribute to the support recipient's subjective perception of the relationship as a safe haven and secure base (Collins & Feeney, 2010).

In summary, an emerging consensus argues for the importance of spousal support in our understanding of how relationships succeed or fail, and for its integration in treatment interventions. Despite important advances in our knowledge in this area, findings of existing research on partner support are not without limitations.

First, there has been a predominant research focus on young newlywed couples rather than established couples. It is generally assumed that newlyweds have to deal with all the stresses of young adulthood (e.g., securing jobs, adapting to cohabiting, becoming parents) and that mutual support provision is particularly important during the early years of marriage (Pasch & Bradbury, 1998; Sullivan et al., 2010). However, creating a supportive relationship with one's partner may not by definition be less difficult or less important in later phases of the family life cycle. Indeed, partner support may play a key role in established couples'

adjustment to midlife marital, family, and career issues (McGoldrick et al., 2010; Verhofstadt, 2009).

Second, most studies linking spousal support to marital satisfaction have used samples of generally satisfied couples (Brock & Lawrence, 2009; Dehle et al., 2001). To learn more about which kind of support behaviours are adaptive and which are maladaptive, research is needed that compares nondistressed couples and clinically distressed or treatment-seeking couples in their way of soliciting and providing support (Cutrona, 1996).

Third, social support is a multifaceted phenomenon and a distinction is generally made between perceived support and actual support behaviours expressed during support interactions (Barry et al., 2009). Another qualification concerns the distinction between support seeking and provision behaviours. Until the present, researchers have paid relatively little attention to the role of the support seeker and thus the person receiving the support (for exceptions see Lawrence et al., 2008). The support seeker is nevertheless an active participant in support interactions, as his/her way of sharing the stressor and soliciting support will largely determine the kind of support s/he gets from their partner (Pearlin & McCall, 1991). Another qualification needs to be made concerning the inclusion of both positive and negative categories of support seeking and support provision behaviour. Social support was conceptualized originally as entirely positive in nature, resulting from the strong emphasis on the prosocial aspects of relationships in the research on social support. Support researchers now recognize that this is an untenable position in light of the fact that several types of negative support behaviours have recently been identified (see Pasch et al., 2004). Finally, researchers also distinguish emotional support (i.e., expressions of sympathy, concern, caring, and acceptance) from instrumental support (i.e., practical help, behavioural assistance)

A comprehensive study of support processes in couples requires the inclusion of all these support components, as each component may provide unique information about its role in marital distress (Barry et al., 2009).

Finally, until now, studies combining self-report and observational methods to simultaneously assess the support seeking, provision, and perception of support are sparse (Carels & Baucom, 1999; Verhofstadt et al., 2005). A multi-method approach would, however, allow us to exploit the advantages of both methods and should result in a more accurate and complete investigation of support processes in marriage. More specifically, global self-report measures could provide us with an assessment of spouses' (a) behavioural repertoires, and (b) perception of the availability or adequacy of support, across multiple support interactions with their partner. On the other hand, observational methods allow a detailed examination of (a) the occurrence of several types of support solicitation and provision behaviours, and (b) spouses' interaction-based perception of support, both at the level of a single controlled supportive interaction. The latter may provide us with more immediate and behaviourally based information about how support attempts that meet topographical definitions of helpful support behaviour may be perceived by the support recipient as ineffective or tactless (Dehle et al., 2001).

### *The Present Research*

The present research aimed to analyse support processes in couples by improving upon previous research in at least four ways. First, we analysed spousal support within samples of *established couples*, rather than in samples of young newlyweds. Second, we used samples of *treatment-seeking and clinically distressed couples* and matched those with nonmaritally discorded couples. Third, we conceptually and empirically differentiated between *different components* of support. We distinguished: (a) support *perceptions* from support *behaviour*; (b) support *seeking* from support *provision* behaviours; (c) *emotional* support from

*instrumental* support; and (d) *positive* from *negative* categories of support seeking and support provision. Finally, we used a *combination of self-report and observational methods* in our research. Specifically, global self-reports were used in both studies to assess spouses' support behaviours and perceived support. These measures were supplemented in Study 2 with measures of observed support behaviour and interaction-based perceived support, as assessed during specific support interactions. In both studies, ethics approval was obtained from the Research Ethics Committee, and informed consent was obtained from the participants.

### **Self-Report Study of Support in Distressed Couples**

#### **Method**

**Participants.** One-hundred and forty heterosexual couples who had been involved in their relationship for at least 10 years (i.e., established couples) participated in this study. The *distressed group* comprised 70 couples who were seeking marital therapy at General Welfare Centers in Flanders. These couples were matched to 70 couples in which both spouses reported to be maritally satisfied (*nondistressed group*). The data of the nondistressed group were collected as part of a larger study on close relationships conducted at Ghent University. The criteria used in our matching procedure were: race, age, relationship duration, number of children. As depicted in Table 1, there were no significant differences between both groups in terms of spouses' ages, relationship duration, and number of children.

INSERT TABLE 1 ABOUT HERE

**Procedure.** The distressed group completed the measures used in this study as part of a battery of questionnaires administered after their intake interview. The nondistressed group completed the battery of questionnaires during a home-visit by a research assistant.

**Measures.**

**Marital satisfaction.** Marital satisfaction was assessed with the 32-item Dyadic Adjustment Scale (DAS; Spanier, 1976). DAS sum scores can range from 0 to 151 with higher scores representing greater satisfaction and lower scores (below 100) representing significant relationship dissatisfaction or distress (alpha's were .89 for husbands and .90 for wives). As expected, the treatment-seeking group reported significantly lower DAS scores than the nondistressed group (see Table 1).

**Support behaviours.** To assess spouses' support solicitation and provision behaviour within their relationship the Social Support Interaction Questionnaire was used (see Verhofstadt et al., 2007). Spouses rated the likelihood of several types of support solicitation and provision behaviour that might occur during support interactions on a 9-point Likert scale (1 = *very unlikely* to 9 = *very likely*). This 54-item questionnaire includes five subscales that indicated the likelihood of (a) *Positive Support Seeking* (e.g., gives clear analysis of problem, recognizes partner as an aid, agrees with suggestions of helper, expresses feelings related to the problem); (b) *Negative Support Seeking* (e.g., rejects help, criticizes helper, makes demands for support, whines or complains); (c) *Emotional Support Provision* (e.g., reassures, encourages expression of feelings, provides genuine encouragement); (d) *Instrumental Support Provision* (e.g., offers specific plan or assistance, gives helpful advice, asks specific questions aimed at defining the problem); and (e) *Negative Support Provision* (e.g., criticizes, minimizes problem, is inattentive or disengaged, offers unhelpful advice). Husbands' and wives' subscale scores were computed by averaging their responses across all items in the respective subscales (alpha's between .80 and .87).

**Perceived support.** The Support-scale of the Quality of Relationships Inventory (QRI; Pierce et al., 1991; Verhofstadt et al., 2006) was used as a measure of perceived spousal support. Spouses' support-scale scores were obtained by averaging their responses (4-point Likert scale; 1 = *not at all*, 4 = *very much*) across all seven items in the scale (e.g., "To what



extent could you turn to your partner for advice about problems?"; "To what extent can you really count on your partner to distract you from your worries when you feel under stress?"). ( $\alpha = .85$  for husbands, and  $\alpha = .83$  for wives).

### **Statistical analysis**

In both studies we tested for group differences in the support variables by conducting a multivariate analysis of variance with group (distressed vs. nondistressed) as a between-couples factor and spouses' self-reported support seeking, support provision, and level of perceived support as dependent variables. When the multivariate tests were significant, further univariate F-tests on each of the separate dependent variables were conducted.

Both multivariate and univariate analyses of variance revealed a significant main effect for group (distressed vs. nondistressed) on each of the separate dependent variables. Table 2 reports the means and standard deviations for each support variable by group, along with the significant F ratios and effect sizes.

INSERT TABLE 2 ABOUT HERE

### **Results**

**Support behaviours.** In the distressed sample, both husbands and wives reported seeking support from their partner in a less positive and more negative way than in nondistressed couples. Further, both husbands and wives, reported displaying lower levels of emotional support as well as instrumental support than in nondistressed couples. In addition, distressed spouses reported providing higher levels of so-called negative support than nondistressed spouses. The group effect sizes (see Table 2) indicated that differences between both groups were largest for negative support provision in the male subsample and for negative support seeking in the female subsample (when using  $\eta^2_p$ -values of .01, .10, .25 as thresholds to define small, medium, and large effects; Cohen, 1988).

**Perceived support.** As indicated in Table 2 distressed couples reported significantly lower levels of perceived support in their relationship than did nondistressed couples.

### **Observational Study of Support in Distressed Couples**

Study 2 was designed to replicate and extend the findings of Study 1. First, we wanted to see if the Study 1 findings were robust. Second, and of greater importance, we wanted to see if the same pattern of results appears within the context of actual support transactions by using observational measures of support behaviour and by using measures of interaction-based perceived support.

#### **Method**

**Participants.** The sample consisted of 40 heterosexual established couples (relationship duration > 10 years). The *distressed group* was composed of 20 couples in which both spouses rated their marriage to be unsatisfactory (DAS < 100). The *nondistressed group* consisted of 20 couples in which both spouses reported to be maritally satisfied (DAS > 100). Couples in the study were sampled from a larger sample of couples participating in a study on support in marriage that included a questionnaire session, a support interaction and video review task in the laboratory (see Verhofstadt et al., 2005 & 2008 for details on recruitment procedures). The same matching procedure was used as in Study 1 (see Table 1 for demographic characteristics). As expected, both groups differed significantly on the DAS but not in terms of age, relationship duration, and number of children.

#### **Procedure and measures.**

**Questionnaires and support interaction task.** After their arrival at the laboratory the members of each couple independently completed measures of marital adjustment (DAS), support behaviours, and perceived support (the same measures as in Study 1). They were then led into a laboratory that was furnished as a living room and was equipped so that the

couple's interaction could be videotaped, with their prior knowledge and consent. Following the procedure used in previous studies (see Verhofstadt, Davis, & Ickes, 2011) the wife of each couple was asked to talk to her husband about a salient personal problem, which was defined as any problem the source of which was not the partner or the relationship (e.g., dealing with work stress, changing a bad habit). Thus, for all the couples the *wife* was designated to be the support seeker and the husband to be the *support provider*. The research procedure did not allow both spouses to take both the support seeker and provider role as the video review task required support providers to be unaware of the fact that their support behavior would be evaluated by the support seeker afterwards. We decided to designate women as the support seekers in the support interaction task as they report seeking support more often and feeling more comfortable when doing so than men do (Verhofstadt et al., 2008). The partners were allowed to interact up to a maximum time limit of 10 minutes.

***Video review procedure.*** Immediately after the interaction had been recorded the partners were seated in separate locations and asked to complete a video-review task (e.g., Verhofstadt et al., 2005). Specifically, the partners were asked to imagine living through and re-experiencing their interaction while they each viewed a videotaped copy of it. At each minute the videotape was paused automatically by a computer program (VIDANN; Video Annotation System, De Clercq et al., 2001). This computer procedure served the purpose of selecting a number of time samples from the interaction. These time samples were defined as the 3-s intervals immediately before the computer paused the videotaped interaction. The samples were assumed to be representative of the entire course of the interaction in terms of the support seeker's feelings of support during the support interaction. Each time the tape was stopped the support seekers were instructed to indicate the extent to which they felt supported by their partner (by means of 9-point rating scales; 1 = *not at all*, and 9 = *very much*) at that specific point of time in the interaction (interaction-based level of perceived

support). A single interaction-based perceived support score was computed by averaging the scores of each support seeker across the ten time samples ( $\alpha = .79$ ). At the end of the session the members of each couple were fully debriefed.

***Behavioural coding.*** The Social Support Interaction Coding System (SSICS; Pasch et al., 2004) was used to analyze the support provider's and support seeker's videotaped behaviour. Each 10-min interaction was divided into speaking turns, and each provider's and seeker's speaking turn was coded as *positive*, *negative*, *neutral*, or *off-task*. In addition, the support provider's positive speaking turns were coded as either *emotional*, *instrumental* or *positive other*. Two clinical psychologists independently coded the interactions, using the SSICS. Kappa values ranged between .70 and .75, indicating good inter-observer reliability. The number of times each of the SSICS codes was assigned to each spouse was divided by his/her total number of speaking turns. This percentage-of-behaviour index was used as the dependent measure in the analyses. (The neutral, positive other, and off-task proportional codes are not reported in the current paper).

## **Results**

Both multivariate and univariate analyses of variance yielded a significant main effect for group (distressed vs. nondistressed) on each of the separate dependent variables in Study 2. Table 3 reports the means and standard deviations for each support variable by group, along with the significant F ratios and effect sizes.

INSERT TABLE 3 ABOUT HERE

### **Self-reported support behaviours.**

As in Study 1, both husbands and wives in distressed couples reported seeking support from their partner in a less positive and more negative way than in nondistressed couples (see Table 3). They also reported providing lower levels of emotional as well as instrumental types of support compared to nondistressed spouses. Similar to Study 1, distressed spouses

displayed higher levels of negative support than nondistressed spouses. The effect sizes that were found for group indicated that differences between both groups were largest for negative support provision for husbands as well as wives.

**Global perceived support.**

As in Study 1, results revealed that distressed husbands and wives reported significantly lower levels of global perceived support than nondistressed spouses.

**Observed support behaviours.**

*Wives' support seeking behaviour.* The univariate F-tests indicated that within distressed couples wives exhibited significantly less positive support seeking behaviour and significantly more negative support seeking behaviour (see Table 4). A large effect size was found for our group comparisons of positive support seeking; this large effect resulted from the comparatively high usage of positive support seeking by nondistressed wives and the low usage of positive support seeking by distressed wives.

INSERT TABLE 4 ABOUT HERE

*Husbands' support provision behaviour.* One-way ANOVAs also yielded significant differences between both groups for husbands' support provision behaviour. We found that distressed husbands displayed lower levels of emotional support as well as instrumental support than nondistressed husbands. In addition, within distressed couples husbands displayed higher levels of negative support to their support seeking wife than in nondistressed couples. For husbands, the largest group effect was found for negative support provision; this finding was in line with the self-report data from both studies.

**Interaction-based perceived support.**

As indicated in Table 4, the results also revealed that distressed and nondistressed wives differed significantly in their level of perceived support as assessed during actual

support transactions. Distressed wives reported feeling less supported by their husbands during a particular support episode.

### Discussion

In combination, the results of both studies converged on the clear differences between distressed and nondistressed couples in their way of seeking, providing, and perceiving support in their relationships. Distressed couples – whether they were treatment-seeking or not- proved to be *less positive and more negative in their way of seeking and receiving support*. When seeking support, distressed couples are –as compared to nondistressed couples- more inclined to make demands for help, to complain and whine, and less inclined to ask for help or state their needs in an open and clear way. They further seemed to respond to the provider's questions or suggestions in a more negative manner (being critical, blaming the support provider) than couples reporting no marital discord. Although more research is necessary, these findings underscore the clinical importance of looking at support interactions as reciprocal and interactional processes between a support seeker and a potential support provider; instead of focusing on the support provider as the only person who is responsible for the success or failure of the support attempt. Within distressed couples, both partners are likely to get stuck in a vicious cycle of negative behavioral reciprocity, gradually undermining their relationship.

Turning to *support provision*, distressed couples reported providing lower levels of *emotional as well as instrumental types of support* than did nondistressed couples (in both studies). Apparently, marital discord expresses itself concurrently in a scarcity of behaviours that communicate warmth, understanding, and reassurance, and a scarcity of helpful advice and practical guidance. Although therapists must determine for each couple which specific lack of support is present and which to address first, our findings seem to indicate that

therapeutic strategies to simultaneously increase the provision of emotional as well as instrumental support will be needed.

We additionally found –in both distressed samples- a higher occurrence of behaviours that are generally not perceived as supportive (e.g., offering an analysis of the problem without considering the support seeker’s view) and in some cases are not even intended to be supportive (e.g., criticizing and blaming the support-seeking spouse for the problem under discussion). Moreover, differences between both groups seemed to be most pronounced for husbands’ self-reported (Study 1 & 2) and observed *negative support provision* behaviour. On the part of the women, this was only so in our second study. These findings suggest that the negative responses of support providers (at least for males) during interactions that are supposed to be helpful, positive, and supportive are even more characteristic of distressed couples than the lack of positive emotional and instrumental types of support. This is in line with the observation that negative behaviours during support interactions –in which your partner is supposed to be responsive and facilitating- clearly violate the norm and characterize marital discord (Verhofstadt et al., 2005). Therapists therefore need to help couples to find ways to avoid this type of destructive behaviour during support attempts.

Also noteworthy is the large difference between distressed and nondistressed wives in their *observed positive support elicitation behaviour*. This finding seems contradictory to the reasoning outlined above, but there might be a methodological interpretation as well. Differences in negative support seeking behaviour were perhaps harder to detect in a laboratory interaction paradigm because the task demands to ask for support in a positive way were high for wives. Distressed wives may potentially have inhibited their impulse to behave negatively, resulting in lower levels of observed negative support seeking behaviour. In contrast, self-reports solicit ratings of support behaviour in a format in which perceived demand characteristics are lower. The issue of stronger versus weaker demand characteristics

in different research paradigms warrants close attention in future research as it is an issue that we cannot resolve with the present data.

The comparison of nondistressed and distressed spouses' level of *global and interaction-based levels of perceived support* revealed that nondistressed couples felt less helped and supported by their partner, both within their marriage (global perceived support) and during specific supportive interactions (interaction-based perceived support).

Gender did not emerge as a central factor in the present research as the set of results from both studies was comparable for husbands and wives. This might be the result of the high levels of interdependence that we found in men's and women's self-reported support and marital distress (correlations ranged between .50 and .90).

In summary, our findings were consistent across both methodologies used in the present research and lead to the main conclusion – that within distressed couples all the stages of support transactions, including the disclosure of distress, requesting, providing, receiving, and perceiving support, seem to be affected. Taken together, the following consistent pattern of results emerged from the data. By acting in a less positive and more negative way during support interactions, distressed couples fail to ease the distress and burden of stressful moments, a conclusion that was confirmed by spouses' lower levels of interaction-based judgements of support. A recurring exposure to unsupportive exchanges across time -as reflected in spouses' reports of support transactions- leaves partners feeling misunderstood, disappointed and unsupported (Sullivan & Davila, 2010). The latter was clearly consistent with distressed spouses' decreased levels of perceived partner support. As Cutrona (1996) states, the failure of couples to create a warm, supportive climate in their relationship may then, at this turn, further undermine spouses' feelings of love, interdependence, trust, and commitment in the relationship. The dynamics described above are consistent with the dynamics described in EFCT's conceptualization of marital distress. More specifically, when



partners' support needs are not met within their relationship, they will –driven by a whole range of negative emotions- seek support in a more demanding way, resulting in avoiding or critical support provision. Repetitive experiences with this type of interactions, driven by unmet support needs, will then result in destructive interaction cycles within the couple.

The present research provides information that might be incorporated in couple therapy. First, most of the empirically based couple interventions focus on teaching couples skills to cope with marital conflict. Our data suggest, however, that couple therapists should pay more attention to how clients can become more supportive of their partners and how they can best convey their own distress to their partner so as to solicit effective support (Pasch & Bradbury, 1998). Standard behavioural techniques for building communication skills can be applied to teaching and refining the skills involved in giving and receiving social support (i.e., modelling the behavior, role-playing, enactment, homework assignments to practice skills in real-world settings) (Cutrona, 1996). Second, maximizing the quality of support exchanges will require clinical attention to and intervention within each of the separate stages of support transactions -as each stage appeared to be affected in distressed couples. Our findings thereby provide direct support for COCT's three-staged model of dyadic coping (clear communication of needs, support that matches need of support seeker, feedback on the helpfulness of received support by support receiver) (Bodenman, 2008). Finally, we suggest focusing not only on the behavioural exchange, but also on how couples perceive the supportive communication within their relationship. In sum, incorporating sessions to building, practicing, and increasing supportive communication into existing interventions might enhance their effectiveness (Rugel, 2003).

These studies also have a number of features that limit the scope of their conclusions. First, one of the important limitations of the observational study is that we were unable to test for differences between both groups when husbands were in the support seeker role and wives

in the support provider role. This issue definitely warrants further study. Second, it will also be important for future studies to determine whether the pattern of results found in our studies can be replicated in research that takes into account the variability of spouses' behaviour across a range of situations (e.g., diary research). Third, both studies were performed on different samples, which may limit the comparability of results between them.

### **Conclusion**

In sum, our findings clearly indicate that distressed couples show difficulties in seeking, providing, and receiving support, thereby failing to create a supportive climate in their relationship. The current research provides additional empirical evidence for the potential of social support in enhancing our understanding, prevention, and treatment of marital distress.

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Table 1

*Group Means and Standard Deviations for Matching Variables and Marital Adjustment*

	<u>Distressed</u>		<u>Nondistressed</u>			
	<u>couples</u>		<u>couples</u>			
	Study 1 ( <i>n</i> = 140)					
Measure	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> (1,138)	$\eta^2_p$
Husbands' age	52.29	11.53	49.08	11.02	0.01	.01
Wives' age	49.76	12.49	49.57	11.45	0.01	.01
Relationship duration	21.41	9.24	21.40	8.99	0.01	.01
Number of children	2.11	1.46	1.83	1.13	1.67	.01
Husbands' marital satisfaction	89.83	11.89	114.89	9.48	189.87*	.57
Wives' marital satisfaction	88.76	12.58	114.40	9.78	181.28*	.58
	Study 2 ( <i>n</i> = 40)					
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>F</i> (1,38)	$\eta^2_p$
Husbands' age	48.10	7.05	42.92	8.41	2.86	.07
Wives' age	46.35	7.15	42.35	8.99	2.42	.06
Relationship duration	12.35	3.01	13.77	7.22	0.67	.02
Number of children	1.15	0.82	1.15	1.10	0.01	.01
Husbands' marital satisfaction	90.80	8.51	117.85	10.56	79.54*	.68
Wives' marital satisfaction	90.25	9.78	117.55	10.52	72.23*	.66

\*  $p < .001$  (two-tailed).

Table 2

*Group Means and Standard Deviations for Self-reported Support Behaviour and Perceived Support (Study 1)*

Measure	<u>Distressed</u>		<u>Nondistressed</u>		<i>F</i> (1,138)	$\eta^2_p$
	<u>couples</u>		<u>couples</u>			
	<i>(n=70)</i>		<i>(n=70)</i>			
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
<i>F</i> (12, 127) = 8.09*, $\eta^2_p$ = .44						
Husbands						
Support seeking <sup>1</sup>						
Positive	5.31	1.34	6.32	1.29	20.42*	.13
Negative	3.61	1.28	2.70	0.88	22.91*	.14
Support provision <sup>1</sup>						
Emotional	5.59	1.53	7.00	1.26	34.77*	.20
Instrumental	5.74	1.39	6.78	1.44	18.90*	.12
Negative	3.95	1.07	2.86	0.82	44.66*	.25
Perceived support <sup>2</sup>	2.86	0.54	3.36	0.53	30.09*	.18
Wives						
Support seeking <sup>1</sup>						
Positive	5.95	1.15	6.64	1.31	10.89*	.07
Negative	4.34	1.22	2.97	0.85	58.49*	.30
Support provision <sup>1</sup>						
Emotional	5.75	1.36	7.21	1.19	45.12*	.25
Instrumental	5.94	1.31	6.81	1.41	14.37*	.09
Negative	3.90	1.06	2.82	0.85	43.08*	.24
Perceived support <sup>2</sup>	2.76	0.62	3.29	0.49	31.20*	.18

<sup>1</sup> rated on 9-point scales (1 = *very unlikely*, 9 = *very likely*), <sup>2</sup> rated on a 4-point scale (1 = *not at all*, 4 = *very much*), \*  $p < .001$  (two-tailed).



Table 3

*Group Means and Standard Deviations for Self-reported Support Behaviour and Perceived Support (Study 2)*

Measure	<u>Distressed</u> <u>couples</u> (n=20)		<u>Nondistressed</u> <u>couples</u> (n=20)		F(1,38)	$\eta^2_p$
	M	SD	M	SD		
$F(12, 27) = 6.14^{***}, \eta^2_p = .73$						
Husbands						
Support seeking <sup>1</sup>						
Positive	4.90	1.32	6.54	0.85	21.75***	.36
Negative	3.85	1.15	2.87	0.61	11.20**	.22
Support provision <sup>1</sup>						
Emotional	5.24	1.60	6.96	0.96	16.80***	.31
Instrumental	5.68	1.54	6.82	0.91	8.06**	.18
Negative	4.58	1.31	2.51	0.75	37.32***	.50
Perceived support <sup>2</sup>	3.16	0.51	3.76	0.28	20.53***	.35
Wives						
Support seeking <sup>1</sup>						
Positive	5.65	1.31	6.46	0.77	5.62*	.13
Negative	4.84	1.59	3.31	0.76	14.96***	.28
Support provision <sup>1</sup>						
Emotional	5.24	1.45	7.10	0.92	23.26***	.38
Instrumental	6.04	1.46	6.96	0.91	5.78*	.13
Negative	4.18	0.92	2.47	0.85	37.12***	.50
Perceived support <sup>2</sup>	2.85	0.41	3.62	0.38	36.67***	.49

<sup>1</sup> rated on 9-point scales (1 = *very unlikely*, 9 = *very likely*), <sup>2</sup> rated on a 4-point scale (1 = *not at all*, 4 = *very much*), \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed).

Table 4

*Group Means and Standard Deviations for Observed Support Behaviour and Interaction-based Perceived Support (Study 2)*

Measure	<u>Distressed</u>		<u>Nondistressed</u>		$F(1,38)$	$\eta^2_p$
	<u>couples</u> ( $n=20$ )		<u>couples</u> ( $n=20$ )			
	$M$	$SD$	$M$	$SD$		
$F(6,33) = 50.61^{***}, \eta^2_p = .90$						
Wives' support seeking <sup>1</sup>						
Positive	.16	.08	.72	.16	182.33***	.83
Negative	.15	.16	.02	.03	14.66***	.28
Husbands' support provision <sup>1</sup>						
Emotional	.03	.03	.13	.15	8.69**	.19
Instrumental	.12	.07	.18	.09	4.07*	.10
Negative	.18	.16	.04	.08	11.42**	.23
Wives' perceived support <sup>2</sup>	5.09	1.02	6.44	0.83	20.93***	.36

<sup>1</sup> proportions, <sup>2</sup> rated on 9-point scales (1 = *not at all*, 9 = *very much*), \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$  (two-tailed).