

Role of clarity of other's feelings for dyadic coping

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Abstract

Dyadic coping has repeatedly been associated with positive outcomes in intimate relationships. However, less is known about the prospective predictors of dyadic coping. This study investigates clarity of other's feelings (CoF) as a potential predictor of supportive dyadic coping in a longitudinal study. In a sample of 368 couples, self-reported CoF and supportive dyadic coping perceived by the partner were assessed annually over 3 years. Results revealed that interpersonal differences in men and women's CoF are positively associated with interpersonal differences in supportive dyadic coping. Moreover, interpersonal differences in men's CoF predicted long-term intrapersonal changes in supportive dyadic coping of both partners. Couple intervention programs might strengthen couple's dyadic coping skills by targeting men's understanding of their partner's feelings.

Past research has shown that dyadic coping is a characteristic of well-functioning intimate relationships (Bodenmann & Cina, 2005). Given that relationship functioning tends to erode over time (Johnson, Horne, & Galovan, 2016; Kamp Dush, Taylor, & Kroeger, 2008) it is crucial to understand how couples can sustain good relationship functioning in the long run (e.g., maintaining high levels of dyadic coping). This study targets this question by investigating *clarity of other's feelings* (hereafter referred as "CoF") as one potential

key predictor for long-term support provision in intimate relationships.

Clarity of other's feelings

CoF is defined as the emotional competency of knowing how other people feel and naming these feelings (Lischetzke, Eid, & Diener, 2012). It can be classified as a cognitive component of empathy. As CoF specifically focuses on the cognitive understanding of other people's feelings (Lischetzke, Eid, Wittig, & Trierweiler, 2001), it is distinct from *perspective taking* (another cognitive component of empathy), which captures the behavioral tendency to adopt the perspective of others. CoF was adapted from the analogous construct *clarity of one's own feelings*, which is a specific facet of broader emotional competency constructs related to one's own feelings (e.g., emotional intelligence; Salovey, Mayer, Goldman, Turvey, & Palfai, 1995). Thus, CoF establishes a link between intrapersonal and interpersonal emotional competency constructs. Past research investigating CoF has mainly focused on individual outcomes and has shown that CoF is positively associated with subjective

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well-being across different cultures (Lischetzke et al., 2012). This study aims to expand on these previous results by investigating CoF as a predictor for an adaptive *interpersonal* outcome. More specifically, we propose that people with higher CoF provide better support in times of stress (such as that their partners feel more supported), as they are better able to understand their partner's feelings.

Dyadic coping

A widely investigated concept of support in intimate relationships is dyadic coping (Bodenmann, 1995, 2005). Dyadic coping refers to the way partners support each other in stressful times and jointly deal with daily stressors (Bodenmann, 2005). It captures how partners communicate about their stress (i.e., stress communication), how they respond to one another's stress signals (i.e., supportive dyadic coping), and how they cope together with common adversities (i.e., common dyadic coping). In the current article, we focus on supportive dyadic coping. Supportive dyadic coping refers to emotion-oriented as well as problem-oriented supportive behaviors, such as helping one's partner to calm down, reappraising the situation, or analyzing the problem (Bodenmann, 2005). Supportive dyadic coping has repeatedly been linked to long-term relationship functioning and stability (Bodenmann & Cina, 2005; Falconier, Jackson, Hilpert, & Bodenmann, 2015; Papp & Witt, 2010). However, less is known about skills that enable a partner to provide supportive dyadic coping, that is, support that the stressed partner perceives as helpful. Given that supportive dyadic coping erodes across time (Johnson et al., 2016), it seems to be crucial to investigate what enables couples to maintain high levels of supportive dyadic coping in the long run.

Clarity of other people's feelings as a predictor of supportive dyadic coping

The systemic transactional model (STM; Bodenmann, 1995) suggests that for providing supportive dyadic coping, one needs an emotional understanding of the partner's

stress. More specifically, the STM proposes that one can provide appropriate supportive dyadic coping matching the real needs of the stressed partner only when understanding the partner's emotions elicited by the stressful experience (e.g., whether problem-oriented or emotion-oriented supportive dyadic coping is appropriate; Bodenmann & Randall, 2012). In contrast, according to the STM, a partner can hardly provide adequate supportive dyadic coping when only understanding the situational and factual aspects of the partner's stress (e.g., knowing what happened). Not only the STM (Bodenmann, 1995) but also the optimal matching model of social support by Cutrona and Russell (1990) and the social support effectiveness model by Rini and Dunkel-Schetter (2010) highlight the importance of matching the needs of the support seeker in order to provide effective support. Hence, the quality of support as it is perceived by the support receiver seems to be particularly important (see also Schwarzer & Knoll, 2007). In sum, theoretical frameworks suggest that correctly identifying other people's feelings (in this instance, one's partner's feelings) is a fundamental prerequisite for providing supportive dyadic coping that the partner perceives as helpful. Thus, CoF might be a competency that enables couples to provide supportive dyadic coping.

Recent studies examining closely related constructs provide the first evidence for the theoretically proposed link between CoF and provision of supportive dyadic coping. They show that sympathizing with other people's feelings (i.e., empathic concern) and the dispositional behavioral tendency to adopt the other person's perspective (i.e., perspective taking) are positively associated with support provision (Levesque, Lafontaine, Caron, Flesch, & Bjornson, 2014; Verhofstadt et al., 2016). Moreover, accurately understanding one's partners feelings in a specific conversation goes along with better support provision within the same conversation (Howland, 2016; Verhofstadt et al., 2016; Verhofstadt, Buysse, Ickes, Davis, & Devoldre, 2008), and accurately understanding one's partners feelings on a given day is associated with better support provision on that day (Howland, 2016).

These studies are all based on cross-sectional data or focus on specific conversations measuring situational processes in the laboratory. Hence, it remains unclear whether CoF is a prospective predictor of supportive dyadic coping, operating as a resource for good support provision across a longer period of time. When investigating longitudinal data, one can distinguish between *interpersonal* differences and *intrapersonal* changes. As investigations of interpersonal and intrapersonal aspects can lead to different conclusions (Hamaker, Kuiper, & Grasman, 2015), the untangling of the two different sources of variance (within and between person) is crucially important (Curran & Bauer, 2011). When focusing on long-term development (over several years), CoF is theoretically conceptualized as a trait-like behavioral tendency (Lischetzke et al., 2001; Salovey et al., 1995), whereas supportive dyadic coping is a relationship behavior that decreases over time, as longitudinal couple research suggests (Johnson et al., 2016). Hence, an intriguing question is whether interpersonal differences in CoF are a long-term predictor of intrapersonal changes in supportive dyadic coping. More specifically, individuals with higher CoF might be better able to maintain high levels of supportive dyadic coping in the long run compared to individuals with lower CoF.

The current study

This study investigates the association between CoF and supportive dyadic coping in a longitudinal study with 368 couples. We focus on the partner's perception of supportive dyadic coping as the main outcome, because the quality of support as it is perceived by the support receiver seems to be particularly important. Both constructs were assessed by means of questionnaires annually over 3 years (T1, T2, and T3). Our first hypothesis was that interpersonal differences in Partner A's CoF are positively associated with interpersonal differences in his/her supportive dyadic coping as perceived by Partner B. Second, we expected that interpersonal differences in CoF prospectively predict intrapersonal changes in supportive dyadic coping as perceived

by the other partner such that individuals with higher CoF are better able to maintain high levels of supportive dyadic coping in the long run. Given that empirical evidence on gender differences in the association of CoF and supportive behaviors in couples is sparse and mixed (e.g., Levesque et al., 2014; Verhofstadt et al., 2016), we did not have any specific expectations regarding gender effects in this study.

Method

Participants

Couples were recruited by advertisements in newspapers and on the radio. To be eligible, couples had to be in their current relationship for at least 1 year. The final sample consisted of 368 heterosexual Swiss couples. Couples were aged between 20 and 80 years with a mean age of $M = 47.3$ for women ($SD = 18.4$) and $M = 49.3$ for men ($SD = 18.3$). Their average relationship duration was 21.2 years ($SD = 18.2$, range = 1–60). The majority of the couples (66%) were married, 85% of them lived together, and 65% of them had children. Two percent of the women finished primary school (6 years), 4% finished the mandatory school period (9 years), 41% completed vocational training, 21% finished high school, and 32% had a bachelor's degree or higher. In men, 1% finished primary school, 2% finished mandatory school period, 35% completed vocational training, 13% completed high school, and 49% had a bachelor's degree or higher. Almost half of the participants earned between 21,000 and 80,000 Swiss francs per year (approximately between \$21,580 and \$82,210; women: 49%, men: 40%), 43% of the women and 12% of the men earned less, and 8% of the women and 48% of the men earned more, which indicates a middle-class sample (Federal Statistical Office, 2015). On average, couples reported being highly satisfied in their relationships with a mean value of $M = 4.33$ ($SD = 0.50$) for women and $M = 4.37$ ($SD = 0.49$) for men on a 5-point scale (assessed by the German version of the Relationship Assessment Scale; Hendrick, 1988; Sander & Böcker, 1993).

Of the original sample of 368 couples, 300 couples participated at T2, and 250 couples participated at T3. Couples dropped out because of separation/divorce (30 couples), widowhood (3 couples), or because they did not want to or were not able to further participate in this study (85 couples). Dropouts did not differ from couples who still participated at T3 in respect to any of the target variables, age, relationship duration, or relationship satisfaction at T1. However, couples that dropped out had a lower education than couples that still participated at T3 (women: $U = -2.78$, $p = .005$; men: $U = -2.63$, $p = .009$) and men that dropped out earned less money than men that still participated at T3 ($U = -2.02$, $p = .043$). This study was approved by the local ethics committee. The current data set has already been used in other publications (e.g., Zemp, Bodenmann, Backes, Sutter-Stickel, & Revenson, 2016), but the current results do not overlap with these published results.

Procedure

Participants were contacted by telephone, informed about the procedure of the study, and invited to the laboratory. In the laboratory, participants gave their informed consent. Afterward, they completed questionnaires in separate rooms and participated in three videotaped interaction tasks. In this study, only data from the questionnaires were used. At the end of the first laboratory session (T1), participants were debriefed and received 100 Swiss francs (approximately \$103) as incentive for participation. Subsequently, participants were invited to the laboratory again 1 and 2 years later. At the subsequent measurement points (T2 and T3), the same procedure took place as at the first measurement point, but reimbursement increased to 120 Swiss francs (T2; approximately \$123) and 130 Swiss francs (T3; approximately \$134).

Measures

Clarity of other's feelings

CoF was measured by four items of the longer (six items) scale assessing CoF by Lischetzke

et al. (2001). The shortened scale was used to keep the subject burden as small as possible.¹ Participants were asked to rate the items on a 4-point frequency scale (1 = *almost never*, 4 = *almost always*). The following four items were used: "I know what other people feel," "It is difficult for me to describe other people's feelings" (recoded), "It is difficult for me to name other people's feelings" (recoded), and "I am not sure about what other people actually feel" (recoded). Past studies have demonstrated high reliability and validity of this measure in different samples (Lischetzke et al., 2001; Lischetzke & Eid, 2003). In this study, internal consistencies for T1, T2, and T3 were $\alpha_s = .76/.74/.75$ for women and $\alpha_s = .84/.82/.80$ for men, respectively.

Supportive dyadic coping perceived by the partner

Supportive dyadic coping was measured using the Dyadic Coping Inventory (DCI; Bodenmann, 2008). DCI assesses different forms of dyadic coping (e.g., supportive dyadic coping, delegated dyadic coping) as perceived by oneself and as perceived by one's partner. In this study, we used only the subscale measuring supportive dyadic coping as perceived by one's partner (e.g., "My partner shows empathy and understanding"). This subscale consists of five items, which were rated on a 5-point frequency scale (1 = *very rarely*, 5 = *very often*). Various studies across different cultures have demonstrated high reliability and good validity (e.g., Gmelch et al., 2008; Randall, Hilpert, Jimenez-Arista, Walsh, & Bodenmann, 2016). In this study, internal consistencies for T1, T2, and T3 were $\alpha_s = .81/.85/.82$ for women and $\alpha_s = .80/.83/.84$ for men, respectively.

1. At the first measurement point of the study (T1), the original scale for measuring CoF was used. To reduce the subject burden for the following measurement points, many scales used in the original questionnaire were shortened at T2 and T3 (as was the scale measuring CoF). Items were selected based on the discriminatory power of the items at T1. As the current study included values of CoF from T1, T2, and T3, we used the shortened scale due to comparability of the scales across the measurement points.

Statistical analyses

The goal of this study was to examine whether interpersonal differences in CoF predict (a) interpersonal differences in supportive dyadic coping perceived by the partner (SDCP) and (b) prospective intrapersonal changes in SDCP. To test these research questions, we estimated a latent-growth curve model incorporating dyadic data analysis procedures to account for the interdependency between the partners of a couple (Kenny, Kashy, & Cook, 2006), predicting each partner's individual intercept and slope of SDCP by interpersonal differences in CoF (see Figure 1; Preacher, Wichman, MacCallum, & Briggs, 2008). To solely include interpersonal differences in CoF as predictor, a person's individual mean of CoF across all available measurement points was used (CoF_{mean} ; Curran & Bauer, 2011). As we did not expect gender differences, we assessed whether equivalent effects of CoF_{mean} on the intercept and slope of SDCP were equal across genders (e.g., the effect of women's CoF_{mean} on men's intercept of SDCP was set equal to the effect of men's CoF_{mean} on women's intercept of SDCP) using a chi-square discrepancy test. Although there was no difference between couples who dropped out from those who participated in all three waves with respect to the study variables pointing at missing at random mechanism, we added auxiliary variables² to the model in order to apply the full information maximum likelihood estimator (Howard et al., 2015).

We report multiple fit indices: the traditional chi-square discrepancy test, the relative chi-square index (χ^2/df ; Schermelleh-Engel, Moosbrugger, & Müller, 2003), the root mean square error of approximation (RMSEA; Browne & Cudeck, 1993), and the comparative fit index (CFI; Bentler, 1990). Values of the relative chi-square index of $\chi^2/df < 3$,

2. Auxiliary variables were chosen based on the recommendations of Howard, Rhemtulla, and Little (2015). That is, all variables measured in this project (more than 1,000 variables) were included in a principal component analysis with the quark function from the R-package *semTools* (version 0.4–6). The principal component analysis extracted 26 variables, explaining 40% of the variance of the original 1,000 variables. These 26 variables were included as auxiliary variables.

values of the RMSEA $\leq .05$, and values of the CFI $\geq .95$ indicate a good representation of the data. Model estimations were conducted using Mplus 7 (Muthén & Muthén, 1998–2015).

Results

Descriptive statistics

Means, standard deviations, and correlations among all study variables are presented in Table 1. Men and women differed significantly in all study variables on all measurement occasions with the exception of SDCP at T2. Women reported higher CoF, T1: $t(366) = 5.19$, $p < .001$; T2: $t(296) = 6.17$, $p < .001$; T3: $t(249) = 3.89$, $p < .001$, and men reported to receive more SDCP, T1: $t(366) = -3.38$, $p = .001$; T3: $t(249) = -2.73$, $p = .007$. Corresponding variables of men and women were correlated, indicating interdependencies between the partners. As expected, men's CoF was persistently associated with the amount of supportive dyadic coping their partners reported to receive from them, within and across measurement points. In contrast, the associations between women's CoF and the amount of supportive dyadic coping their partners reported to receive from them was only associated twice (women's CoF T1 and T3 were positively associated with men's SDCP T1; $r = .12$, $p = .020$; $r = .13$, $p = .046$, respectively).

Interpersonal differences in CoF predicting SDCP

We predicted that individuals reporting higher CoF compared to other individuals are (a) perceived by their partners as being higher in supportive dyadic coping and (b) better able to maintain supportive dyadic coping in the long run. For testing these predictions, a latent-growth curve model was estimated (see Figure 1). Before estimating the final model, we tested whether equivalent effects were equal across genders. The nonsignificant chi-square discrepancy test indicated that effects of CoF_{mean} on the intercept of SDCP were equal across genders. However, equivalent effects of CoF_{mean} on the slope

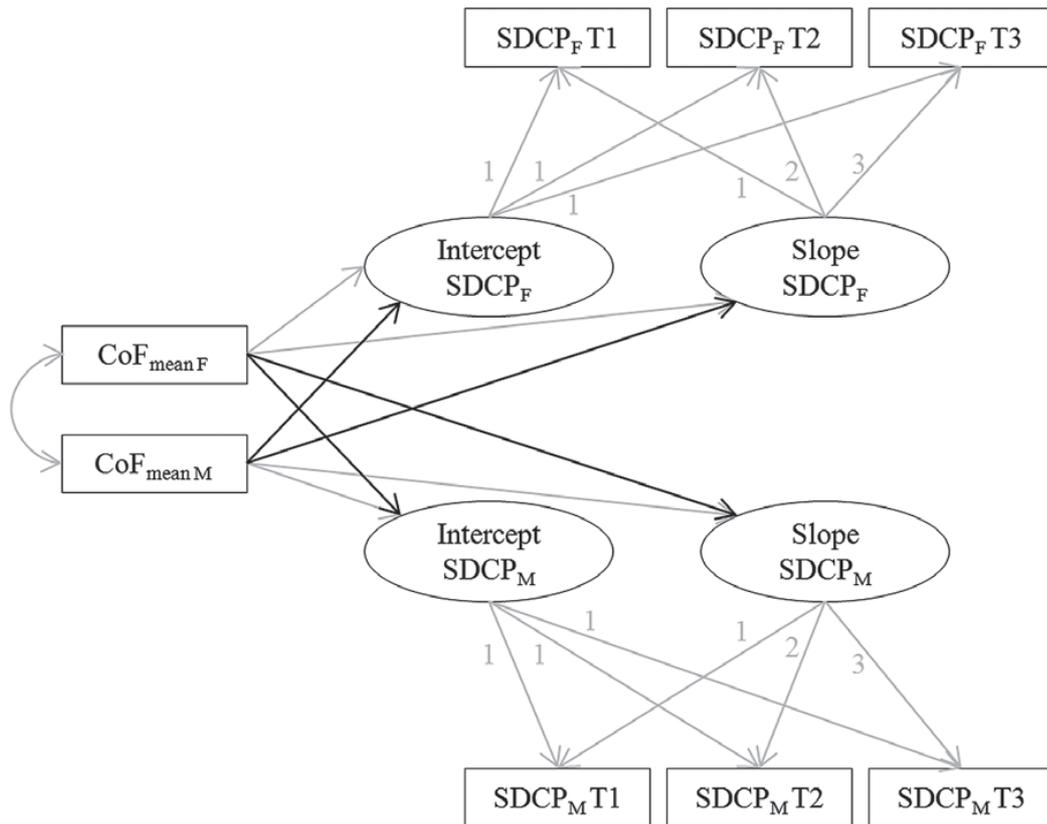


Figure 1. Latent-growth curve model: individual mean of clarity of other's feelings across all available measurement points (CoF_{mean}) predicting individual intercepts and slopes of supportive dyadic coping as perceived by the partner (SDCP) across three measurement points (T1, T2, and T3). F = females; M = males. Solid black lines represent paths predicted in the hypotheses. Latent intercepts and slopes of men and women, and residuals of men and women's SDCP T1, SDCP T2, and SDCP T3, respectively, are allowed to correlate but are not displayed due to readability.

of SDCP could not be set equal across genders without a substantial loss in model fit, indicating that the effects of CoF_{mean} on the slope of SDCP differed across genders. The final model provided excellent fit to the data, $\chi^2(10) = 15.41$, $p = .118$; $\chi^2/df = 1.54$; RMSEA = .038; CFI = .994.

Results of the final latent-growth curve model are summarized in Table 2. In line with our first hypothesis, men's and women's CoF_{mean} was positively associated with the intercept of SDCP as reported by the partner ($b = 0.28$, $SE = 0.05$, $p < .001$). Thus, individuals with higher CoF compared to individuals with lower CoF were perceived as more supportive by their partners.

In line with our second hypothesis, men's CoF_{mean} was positively associated with the slope of SDCP as reported by their female partners ($b = 0.08$, $SE = 0.03$, $p = .019$), indicating that interpersonal differences in

men's CoF predicted intrapersonal changes in their supportive dyadic coping as perceived by their female partners. Additionally, men's CoF_{mean} positively predicted the slope of SDCP as reported by men ($b = 0.08$, $SE = 0.04$, $p = .027$). Thus, higher CoF in men predicted men's and women's intrapersonal changes in supportive dyadic coping across 2 years. In contrast, women's CoF_{mean} did not predict the slope of SDCP as reported by men ($b = -0.02$, $SE = 0.05$, $p = .710$). In sum, interpersonal differences in men's CoF (but not in women's CoF) predicted the long-term development of SDCP of both partners.

Discussion

Prior theories postulate that knowing what one's partner feels enhances the capability to provide adequate supportive dyadic coping (Bodenmann, 1995). Based on these

Table 1. Intercorrelations, means, and standard deviations of all study variables

Variables	1	2	3	4	5	6	7	8	9	10	11	12
1. CoF T1 _F	.06											
2. SDCP T1 _F	.20 ^{***}	.20 ^{***}										
3. CoF T1 _M	.12 [*]	.32 ^{***}	.05									
4. SDCP T1 _M	.55 ^{***}	.04	.16 ^{**}	.03								
5. CoF T2 _F	.07	.75 ^{***}	.25 ^{***}	.27 ^{***}	.06							
6. SDCP T2 _F	.17 ^{**}	.26 ^{***}	.70 ^{***}	.02	.20 ^{**}	.32 ^{***}						
7. CoF T2 _M	.10	.21 ^{***}	.05	.68 ^{***}	.06	.28 ^{***}	.07					
8. SDCP T2 _M	.66 ^{***}	.08	.19 ^{**}	.13 [*]	.63 ^{***}	.10	.15 [*]	.07				
9. CoF T3 _F	.05	.71 ^{***}	.25 ^{***}	.27 ^{***}	.09	.74 ^{***}	.29 ^{***}	.25 ^{***}	.03			
10. SDCP T3 _F	.18 ^{**}	.20 ^{**}	.69 ^{***}	.06	.19 ^{**}	.25 ^{***}	.76 ^{***}	.07	.16 [*]	.27 ^{***}		
11. CoF T3 _M	.12	.17 ^{**}	.12	.55 ^{***}	.10	.28 ^{***}	.14 [*]	.72 ^{***}	.10	.26 ^{***}	.13 [*]	
12. SDCP T3 _M	3.07	3.60	2.88	3.76	3.13	3.66	2.88	3.72	3.05	3.57	2.87	3.72
<i>M</i>	0.48	0.79	0.60	0.68	0.45	0.79	0.59	0.70	0.49	0.78	0.59	0.73
<i>SD</i>												

Note. All differences between genders reached significance with the exception of SDCP T2. CoF = clarity of other's feelings; F = females; M = males; SDCP = supportive dyadic coping perceived by the partner; T1 = Time 1; T2 = Time 2; T3 = Time 3.
^{*} $p < .05$. ^{**} $p < .01$. ^{***} $p < .001$ (two-tailed).

Table 2. Results of the latent-growth curve model

	Unstandardized estimate	SE	p	95% CI
Latent variables				
Intercept SDCP _F	2.75	0.24	<.001	[2.28 , 3.14]
Intercept SDCP _M	2.84	0.24	<.001	[2.37 , 3.23]
Slope SDCP _F	-0.10	0.15	.502	[-0.38, 0.14]
Slope SDCP _M	-0.22	0.16	.172	[-0.54, 0.05]
Covariances				
CoF _{mean F} ↔ CoF _{mean M}	.05	.01	<.001	[0.02 , 0.07]
Intercept SDCP _F ↔ Slope SDCP _F	-.05	.03	.094	[-0.10, 0.01]
Intercept SDCP _M ↔ Slope SDCP _M	-.02	.02	.398	[-0.07, 0.03]
Intercept SDCP _F ↔ Intercept SDCP _M	.17	.04	<.001	[0.09 , 0.24]
Slope SDCP _F ↔ Slope SDCP _M	.03	.02	.091	[-0.00, 0.06]
Intercept SDCP _F ↔ Slope SDCP _M	-.04	.02	.064	[-0.08, -0.00]
Intercept SDCP _M ↔ Slope SDCP _F	-.01	.02	.641	[-0.05, 0.03]
Path coefficients				
CoF _{mean F} → Intercept SDCP _F	.02	.05	.659	[-0.08, 0.13]
CoF _{mean F} → Slope SDCP _F	-.05	.04	.273	[-0.13, 0.04]
CoF _{mean F} → Intercept SDCP _M	.28	.05	<.001	[0.17 , 0.38]
CoF _{mean F} → Slope SDCP _M	-.02	.05	.710	[-0.11, 0.07]
CoF _{mean M} → Intercept SDCP _M	.02	.05	.659	[-0.08, 0.13]
CoF _{mean M} → Slope SDCP _M	.08	.04	.027	[0.01 , 0.15]
CoF _{mean M} → Intercept SDCP _F	.28	.05	<.001	[0.17 , 0.38]
CoF _{mean M} → Slope SDCP _F	.08	.03	.019	[0.01 , 0.15]

Note. Significant values are bold. CI = confidence interval; CoF_{mean} = individual mean of clarity of other's feelings across all available measurement points; F = females; M = males; SDCP = supportive dyadic coping perceived by the partner.

theoretical assumptions, this study aimed to investigate whether interpersonal differences in CoF are positively associated with interpersonal differences in supportive dyadic coping and whether interpersonal differences in CoF predict intrapersonal changes in supportive dyadic coping in the long run. The expected cross-sectional effects were supported for men and women. Individuals with higher CoF were perceived as more supportive by their partner compared to individuals with lower CoF. The longitudinal effects were supported for men, but not for women. That is, men who reported to know what other people feel were better able to maintain high levels of supportive dyadic coping as perceived by their partners across 2 years compared to men with lower CoF. Moreover, men with higher CoF also perceived their female partners as being better able to remain supportive across time.

These results support the theoretical assumption that understanding one's partner's feelings is an important prerequisite for dyadic coping (Bodenmann, 1995). Men's CoF did predict the long-term development of their own supportive dyadic coping as perceived by their female partners, which is a similar effect that previous studies have shown in cross-sectional data (e.g., Verhofstadt et al., 2016). Moreover, men's CoF did also predict long-term intrapersonal changes of their female partner's supportive dyadic coping. Such partner effects have also been reported by Levesque et al. (2014). One reason for the partner effect of men's CoF on the long-term development of women's supportive dyadic coping might be that men with higher CoF are also more competent in understanding and expressing their own feelings (Lischetzke et al., 2001), resulting in a more explicit expression of their stress-related emotions.

That, in turn, might facilitate their female partners to maintain high levels of supportive dyadic coping in the long run. In sum, men's CoF seems to be one factor that affects the long-term development of a couple's supportive dyadic coping in a positive way. Given that supportive dyadic coping, on average, erodes across time (Johnson et al., 2016) men's CoF might be one factor that helps couples to maintain high relationship functioning in the long run. The current results therefore expand on previous results and suggest that interpersonal differences in men's CoF are not only associated with concurrent supportive dyadic coping but seem to be also a crucial resource for maintaining adequate supportive dyadic coping across a longer period of time.

In contrast, interpersonal differences in women's CoF did not predict changes in supportive dyadic coping across time. Women with higher CoF were perceived as more supportive by their male partners than women with lower CoF; however, women's CoF did not affect the long-term development of supportive dyadic coping. The nonsignificant findings in women are in line with some previous findings (e.g., Verhofstadt et al., 2016). However, they differ from other past studies that did not report any gender differences (e.g., Levesque et al., 2014). One potential explanation for the gender differences in this study is that they are driven by a statistical reason; they might be due to a ceiling effect in women's CoF. Consistent with prior findings (O'Brien, Konrath, Gruhn, & Hagen, 2013), women had a higher mean level and smaller variance in CoF than men. These ceiling effects make it less likely that path coefficients reach statistical significance. As the longitudinal effects were much smaller than the cross-sectional associations, this ceiling effect might have stronger consequences for the longitudinal effect. Related to this explanation, it could also be that the association between CoF and supportive dyadic coping is nonlinear; that is, it may be that CoF matters only up to a certain threshold (which might be achieved by most women) and higher CoF does not bring any additional benefit. However, post hoc examinations of the association between CoF and supportive dyadic coping provided

no evidence for quadratic trends but suggested that the association is a linear one, at least for the women in our sample.

Practical implications

This study suggests that when men have higher CoF compared to other men, their female partners and the men themselves feel more supported in the long run. Thus, one factor that fosters the quality of support in intimate relationships is men's understanding of other people's feelings. Couple interventions should therefore target men's emotional understanding of their female partner's feelings. This could be implemented by training couples to talk not only about factual and problem-oriented aspects but also about the feelings associated with the discussed topic. In the context of stressful experiences, for example, couples should learn to tell each other not only what happened ("My boss did criticize me in an unfair way") but also expressing their feelings associated with the stressful experience ("At first, I was very angry. Now I also feel very sad"). This issue is targeted in different relationship education programs, such as the Couples Coping Enhancement Training (Bodenmann & Shantinath, 2004), emotionally focused couple therapy (Johnson, 2004), or the Couple CARE program (Halford, Moore, Wilson, Farrugia, & Dyer, 2004). Exercises to enlarge the vocabulary of emotion words might further enable couples to name their feelings appropriately.

Limitations and strengths

Several limitations have to be mentioned. First, CoF targeted clarity of feelings of other people in general and was therefore not specific to one's partner's feelings or specific to particular feelings (e.g., positive vs. negative feelings). As CoF might differ across interaction partners (Long & Andrews, 1990) and might differ depending on the type of feelings (Gadassi, Mor, & Rafaeli, 2011), this might have influenced the results. Most likely, spouses are able to read the feelings of their intimate partners even better than feelings of other people. Moreover, as supportive dyadic

coping is a relationship-specific variable, while CoF is nonspecific to one's partner, this study might even underestimate the effect of CoF on supportive dyadic coping. Regarding the type of feelings, it could be suspected that reading negative feelings might be more important for supportive dyadic coping than reading positive feelings. Hence, replication studies might benefit from differentiating between CoF in general and clarity of one's partner's feelings as well as from differentiating between different types of feelings. Second, this study investigated CoF by means of self-report. Self-report measures of CoF rarely correlate with measures trying to capture the ability to accurately read other's feelings (Ickes, 1993), indicating that they capture distinct constructs. However, both have been shown to predict supportive behavior (Verhofstadt et al., 2016), suggesting that they predict similar outcomes. Future studies might disentangle the distinct effects of self-report and ability measures by comparing self-report measures with ability measures such as the subscale *perceiving emotions* of the Mayer–Salovey–Caruso Emotional Intelligence Test (Mayer, Salovey, Caruso, & Sitarenios, 2003) or the empathic accuracy paradigm (Ickes & Hodges, 2013). Third, supportive dyadic coping was measured by means of partner report, which seems to be a particularly important aspect of dyadic coping (see also Schwarzer & Knoll, 2007). However, dyadic coping as perceived by the partner seems to be somewhat distinct from actual supportive behaviors (e.g., Lemay & Clark, 2015). Hence, more research is needed to clarify the effects of CoF on the various aspects of dyadic coping. Fourth, there are potential moderators in the link between CoF and dyadic coping, which were not taken into account in this study. For instance, one's motivation to provide supportive dyadic coping might moderate the influence of CoF on dyadic coping (Winczewski, Bowen, & Collins, 2016). Moreover, the support seeker's stress communication (e.g., how explicit he/she discloses stress-related emotions) might affect the dyadic coping process. Future studies should target these possible moderators.

Besides these limitations, this study has several strengths: First, CoF was measured by

self-report and supportive dyadic coping was measured by partner report. This allows investigating partner effects and minimizes effects that stem from common variance due to shared methods. Second, by investigating longitudinal data, we were able to investigate interpersonal differences in CoF as a predictor for long-term intrapersonal changes in supportive dyadic coping, which, to the best of our knowledge, has not been done so far. And third, although couples reported relatively high levels of relationship satisfaction and were relatively well educated, this study is based on a large and heterogeneous sample with respect to relationship duration and age, enhancing the generalizability of the current findings.

Conclusion

This study suggests that individuals who report having higher clarity of other people's feelings than other individuals are perceived as more supportive by their partners. Moreover, when the male partner has higher clarity of other people's feelings compared to other men, couples seem to be better able to maintain supportive dyadic coping in the long run. This supports the theoretical assumption that individual's knowledge about other's feelings is beneficial for their interpersonal skills to regulate these feelings in others and highlights the importance of understanding the other partner's feelings for dyadic coping skills among couples.

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