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Romantic Partners' Individual Coping Strategies and Dyadic Coping: Implications for Relationship Functioning

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Abstract

Individual coping strategies and dyadic coping independently predict partner well-being and relationship functioning; however, it is unclear whether the coping processes are inter-related and whether they uniquely contribute to romantic relationship functioning. One hundred heterosexual dating couples rated the individual coping strategy of negative mood regulation as well as positive and negative dyadic coping. Relationship functioning was assessed via partners' reports of relationship satisfaction and observers' ratings of negative interaction in conflict. Actor-Partner Interdependence Models (APIMs; Cook & Kenny, 2005; Kashy & Kenny, 2000) revealed associations between individual coping and dyadic coping in the predicted directions. APIMs also indicated the unique contributions of positive and negative dyadic coping to relationship functioning, above and beyond contributions of individual coping strategies. Implications of dyadic coping as a target of efforts to prevent or treat partner and/or relational distress are discussed.

Keywords

Actor-Partner Interdependence Models; dyadic coping; relationship functioning

Stress and coping processes have been studied traditionally as individual-level phenomena, with an individual's ability to cope with stressors having either positive or negative impacts on the potential consequences of stress (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984). For example, a well-established literature documents the role of coping strategies in the relation between individuals' stress and physical and psychological well-being (e.g., Aldwin & Revenson, 1987; Coyne & Smith, 1991). However, there is increasing evidence that stress experienced by individuals in close relationships is linked to pervasive interpersonal and social costs, such as maladaptive relationship development, poor communication quality, and decreased relationship satisfaction and sexual functioning (see Randall & Bodenmann, 2009). Due to the interdependence of individuals in romantic relationships, it is therefore necessary to incorporate individual-level coping into models that consider dyadic coping and its potential implications for relationship functioning.

The present study examines whether males' and females' individual coping strategies, as indexed by negative mood regulation, are associated with their own and their partners' positive and negative dyadic coping. Negative mood regulation, or an individual's expectations and beliefs that their behaviors will successfully reduce negative mood or increase positive mood (Catanzaro & Mearns, 1990), demonstrates negative relations with avoidant coping and positive relations with active coping (e.g., Catanzaro & Greenwood,

1994; Davis, Andresen, Trosko, Massman, & Lovejoy, 2005). These expectations of mood regulations align with traditional coping models' emphases on emotions (Folkman & Moskowitz, 2004; Lazarus & Folkman, 1984) and self-regulatory behavior (Kassel, Bornovalova, & Mehta, 2007) as critical features of the coping process. Negative mood regulation expectations further serve as a key predictor of active coping behaviors following distressing interpersonal events, such as the end of a romantic relationship (Mearns, 1991), and are linked with indicators of relationship functioning, including attachment styles and conflict strategies (Creasey, Kershaw, & Boston, 1999).

An emerging literature on dyadic coping among relationship partners sheds light on the importance of how couples manage relational stress (Bodenmann, 2005; Story & Bradbury, 2004). Dyadic coping is posited to be a major predictor of how couples dealing with chronic illness fare in terms of health, psychosocial, and relational outcomes (Berg & Upchurch, 2007). As examples, couples coping with one partner's breast cancer reported differential individual and relational outcomes in association with mutually responsive coping versus disengaged avoidance coping (Kayser, Watson, & Andrade, 2007), and, among male partners of breast cancer patients, higher levels of negative dyadic coping were linked to greater illness intrusion, or the extent to which the illness interfered with various aspects of life (Feldman & Broussard, 2006). Despite the growing recognition of the need to consider stress and coping in a dyadic framework (Berg & Upchurch, 2007; Cutrona & Gardner, 2006; Story & Bradbury, 2004), questions remain concerning the interplay between individuals' coping strategies and dyadic coping. Does individual coping expressed by one partner contribute to their own or the other partner's dyadic coping? In addition, do the documented linkages between dyadic coping and relationship functioning remain after accounting for individual coping? Examination of such questions has the potential to clarify connections between two broader, largely distinct lines of research, both of which have demonstrated implications for partners' well-being and relationship functioning.

Using a systemic-transactional perspective, Bodenmann (1995) pioneered the construct of dyadic coping, an interactional pattern considered to consist of strains that affect one of the partners or the dyad as well as the efforts used by one or both partners to handle stressful events. Dyadic coping is comprised of the stress signals of one partner, the verbal or nonverbal coping responses of the other partner, and joint coping efforts, and includes both positive and negative components (Bodenmann, 2005; Bodenmann & Cina, 2005). Positive dyadic coping occurs in three main ways: Supportive dyadic coping in which one partner takes over daily tasks, communicates empathy, and conveys solidarity; common dyadic coping occurs when a couple engages in joint problem solving, joint information gathering, or the sharing of feelings and mutual commitment; and delegated dyadic coping occurs when one partner is explicitly asked by the other to provide support in an attempt to reduce the level of stress (Bodenmann, 1995; 2005). In contrast, negative dyadic coping can be hostile, with one partner disparaging, distancing themselves, mocking, using sarcasm, or minimizing partner stress; ambivalent, with one partner providing support, but unwillingly; or superficial, for example, when one partner appears detached or asks questions without attempting to understand or appreciate the answers (Bodenmann, 2005; Bodenmann & Cina, 2005).

In light of findings that show individual and dyadic coping to correlate weakly with each other, and dyadic coping to be more predictive than individual coping of relationship functioning, Bodenmann (2000; 2005) posited a stress-coping cascade model of close relationships, in which both partners typically first attempt to manage stress through individual coping and eventually use support, as needed, from partners, friends and relatives, and others. Earlier work has demonstrated linkages between individual coping strategies and relationship outcomes, with spouses' coping strategies (e.g., distancing versus avoidance,

problem-focused) showing concurrent but not longitudinal associations with their own and their partners' relationship satisfaction in the predicted directions (Bouchard, Sabourin, Lussier, Wright, & Richer, 1998). Individuals' expectations for negative mood regulation are associated with romantic partner conflict management, such that negative mood regulation correlated in a positive direction with constructive tactics such as partner validation and feedback, and in a negative direction with negative escalation, negativity, and withdrawal (Creasey et al., 1999). Bodenmann and Cina (2005) reported that couples in relationships classified as stable and satisfied over a 5-year period demonstrated more effective individual coping strategies and more positive dyadic coping compared to couples classified as distressed or separated over the same time period. Although evidence suggests that dyadic coping and relationship functioning are linked concurrently and over time (Bodenmann, Bradbury, & Pihet, 2009; Bodenmann, Pihet, & Kayser, 2006; Wunderer & Schneewind, 2008), it is currently unclear whether these associations are unique to dyadic coping among partners or, rather, reflect individual coping strategies more broadly.

The goal of the present study was to test two research questions concerning individual coping strategies, dyadic coping, and relationship functioning, utilizing a sample of romantic dating partners and a dyadic analytic framework. First, we examined whether males' and females' individual coping strategies, as indexed by negative mood regulation, are associated with their own and their partners' positive and negative dyadic coping. Initial empirical evidence supports the notion that partners' use of coping strategies to manage individual stress and relational stressors would reliably covary (Bodenmann, Charvoz, Widmer, & Bradbury, 2004). We hypothesized that respondents' individual coping would relate systematically to dyadic coping, with expectations of negative mood regulation predicted to relate to higher levels of positive dyadic coping and lower levels of negative dyadic coping. Consistent with previous findings, associations within-individuals were hypothesized to be more consistent compared to associations between-partners (e.g., Bouchard et al., 1998).

Second, we examined whether dyadic coping is uniquely associated with intimate relationship functioning, after accounting for use of individual coping strategies. In addition, we compared the relative contributions of individual coping and dyadic coping to relationship functioning. Consistent with a multi-dimensional perspective of intimate relationship functioning (Fincham & Linfield, 1997), indicators included relationship satisfaction and observed negativity during a disagreement. Dyadic coping was expected to uniquely predict intimate relationship functioning, with positive dyadic coping predictive of higher relationship satisfaction and lower negativity, and negative dyadic coping predictive of lower relationship satisfaction and higher negativity. Within- and between-partner associations were predicted, although within-partner associations were expected again to be more consistent. Furthermore, model comparison tests were expected to reveal stronger links between dyadic coping and relationship functioning as compared to individual coping and relationship functioning.

Across both research questions, dyadic data provided by dating partners were accommodated using Actor-Partner Interdependence Models (described in detail below), and the covariate of relationship length was included in all models tested. To date, investigations considering direct connections between individual coping efforts and dyadic coping have not used dyadic analytic frameworks for handling partners' data (Atkins, 2005). Thus, the simultaneous estimation of within- and cross-partner associations between romantic partners' individual and dyadic coping remains unexplored. In addition, given that most research on dyadic coping has included samples of long-term cohabiting or married couples (e.g., Bodenmann et al., 2006), relatively little is known regarding whether dyadic

coping changes across relationship growth and development. As such, relationship length was retained as a covariate.

Method

Participants and Procedure

A sample of 100 heterosexual dating couples was recruited from a medium-sized town in the Midwest via flyers posted in community restaurants, stores, and residences. Couples were required to be dating exclusively for a minimum of 1 month to increase the likelihood that the study would capture relationship processes of stable and exclusive relationships. In addition, participants were not eligible if they were married currently, had been married previously, or had children. See Papp (in press) for enrollment data and complete sample description. The resulting sample of couples had been dating for an average of 22.7 months ($SD = 18.0$ months, range = 1–72 months), and 22% of the couples reported living together. Male and female participants' ages averaged 21.0 years ($SD = 3.1$ years, range = 18–36) and 20.3 years ($SD = 2.4$ years, range = 18–30), respectively. Couples attended a laboratory-based session that typically lasted 1.5–2 hours and was facilitated by trained research assistants. During the session, couples completed multiple procedures, including a conflict discussion and questionnaires (described below). Consent was obtained prior to participation, and the university's Institutional Review Board approved the study. Participants received \$10 each for completing the study.

Measures

Participants reported the extent to which they expected general, cognitive, and behavioral coping behaviors to reduce negative mood on the Negative Mood Regulation (NMR; Catanzaro & Mearns, 1990) scale. Previous work has shown NMR scores to demonstrate high test-retest stability over a 3–4 week period (Catanzaro & Mearns, 1990) and to reliably co-vary in a positive direction with individuals' active coping efforts as indexed by Carver, Scheier, and Weintraub's (1989) COPE scale (Catanzaro, Wasch, Kirsch, & Mearns, 2000; Surmann, 1999) and Kirsch, Mearns, and Catanzaro's (1990) Coping Behaviors Inventory (Mearns, 1991). The NMR's 30 items (e.g., "I can do something to feel better" and "I'll be upset for a long time") were rated on a scale of 1 (*strongly disagree*) to 5 (*strongly agree*). Negatively-worded items were rescored, and items were summed to create males' and females' scores of negative mood regulation.

The 37-item Dyadic Coping Inventory (DCI; Bodenmann, 2008) assesses how couples handle stress. Individuals rated how frequently they and their partner engage in certain coping and communication behaviors on a scale of 1 (*very rarely*) to 5 (*very often*). Subscales tapped supportive dyadic coping (10 items; e.g., "My partner shows empathy and understanding to me" and "I express to my partner that I am on his/her side"), delegated dyadic coping (4 items; e.g., "My partner takes on things I normally do in order to help me out" and "When my partner feels he/she has too much to do, I help him/her out"), common dyadic coping (5 items; e.g., "We help one another to put the problem in perspective and see it in a new light"), and negative dyadic coping (8 items; e.g., "When I'm stressed, my partner tends to withdraw" and "I do not take my partner's stress seriously"). The present study focused on male and female reports of positive dyadic coping (19 items; aggregated subscales of supportive dyadic coping, delegated dyadic coping, and common dyadic coping) and negative dyadic coping (8 items), which have been shown to relate differentially to marital quality over two years (Bodenmann et al., 2006).

Participants provided reports of the satisfaction they feel in their current relationship using the Couples Satisfaction Index (CSI; Funk & Rogge, 2007), which was developed using

item-response theory. The version used in the current study includes 32 items, rated on differential response scales, and results in possible relationship satisfaction scores that range from 0 to 161. The measure correlated with standard relationship assessments in a large sample of dating and married participants (Funk & Rogge, 2007). The CSI was not administered to the study's first 2 couples.

Observed negative interaction was assessed by trained coders' ratings of a 7.5-min discussion of a relationship disagreement chosen by partners. Partners independently completed the Areas of Disagreement scale (Roberts, Tsai, & Coan, 2007), on which they rated the length and intensity of disagreements concerning 10 common topics (e.g., sex, jealousy, money). Upon reunion, partners were told they could compare their lists to help select one topic for the recorded discussion. Codes were derived from trained observers' scores, rated from 1 (*extremely uncharacteristic*) to 9 (*extremely characteristic*), on the Interactional Dimensions Coding System (Julien, Markman, & Lindahl, 1989; Kline et al., 2004). The present study considered the negative interaction scale, which averaged participants' negative affect (i.e., negativity expressed through facial expressions, body position, or tone of voice), denial (i.e., active rejection of problem or personal responsibility), dominance (i.e., control or influence over partner), withdrawal (i.e., avoidance of discussion or interaction), and conflict (i.e., argument, tension, hostility), and the dyadic dimension of negative escalation (i.e., reciprocity of partners' negative behaviors) (Kline et al., 2004; Whitton et al., 2007). The items comprising the negative interaction scale demonstrated adequate internal consistency in the present study (see Table 1). Each discussion was rated by two separate coders, who compared ratings and conferred until their ratings were in agreement within one scale-point, resulting in high intraclass correlations ($M = .91$, range = .79–.97). Coders' scores were identical between 27% and 43% of the time across the subscales ($M = 33%$). When coders' scores differed, the final analytic score was computed by averaging the two scores. Three couples were missing coded interaction data.

Data Analysis Plan

The present research utilized the Actor-Partner Interdependence Model (APIM; Cook & Kenny, 2005; Kashy & Kenny, 2000) first to examine associations between individual coping strategies and dyadic coping, and next to test unique associations between dyadic coping and relationship functioning. In brief, the APIM is a dyadic data analytic approach that simultaneously estimates the effect that a respondent's independent variable has on both their own dependent variable (i.e., actor effect) and on another respondent's dependent variable (i.e., partner effect) (Campbell, Simpson, Kashy, & Rholes, 2001). APIM models were fit using Analysis of Moment Structures (AMOS, v. 18.0; Arbuckle & Wothke, 1999). Traditional model-fit statistics are not presented because APIMs are recursive (Cook & Kenny, 2005).

As shown in Figure 1, APIMs included correlated predictor variables (c_1) and correlated residual parameters (c_2 ; i.e., error terms). APIMs addressing the first research question provide estimates of males' and females' individual coping in relation to their own dyadic coping (a_M, a_F) and to their partners' dyadic coping (p_M, p_F), respectively, accounting for interdependent partner data and effects of the covariate of relationship length on both partners' dyadic coping (see Figure 1). To address the second research question, APIMs relating males' and females' dyadic coping to relationship functioning were tested, with individual coping strategies (i.e., NMR scores) and length of relationship included as predictors of relationship functioning. Estimates indicate the unique linkages between males' and females' dyadic coping and their own relationship functioning (a_M, a_F) and their partner's relationship functioning (p_M, p_F), respectively, accounting for the effects of individual coping strategies and relationship length on both partners' relationship functioning. A further advantage of the APIM framework is that the relative strength of

predictors can be compared statistically. Accordingly, in models addressing the second research question, comparisons were made between models in which paths were allowed to vary freely and then constrained to equality to examine the relative prediction of individual coping versus dyadic coping in relation to relationship functioning. Results are presented below in the form of χ^2 -difference tests (i.e., $\Delta\chi^2$) when the magnitude of the paths differed significantly ($p < .05$).

Results

Table 1 presents reliability coefficients and descriptive statistics of the primary study variables. In addition, paired-samples t -tests were conducted to assess differences between male and female partners' levels of the primary study variables. Only two differences emerged: Males reported higher levels of negative dyadic coping and observers rated females as marginally higher than males on negative interaction. Table 2 shows the correlations between male and female partners' scores on the study variables.

Are Individual Coping Strategies Associated with Dyadic Coping?

Two APIMs tested linkages between males' and females' use of negative mood regulation as an individual coping strategy and positive and negative dyadic coping. Consistent with hypotheses, individual coping was positively linked with respondents' own positive dyadic coping (Figure 2a). In addition, individual coping was negatively linked with respondents' negative dyadic coping (Figure 2b). Partner effects were not significant ($ps > .05$).

Is Dyadic Coping Uniquely Associated with Relationship Functioning?

Four APIMs investigated whether positive and negative dyadic coping, respectively, are uniquely associated with romantic relationship functioning (i.e., relationship satisfaction, observed negativity during conflict), after accounting for individual coping strategies and the covariate of relationship length. First, as shown in Figure 3, positive dyadic coping (e.g., communicating empathy, engaging in joint problem solving) was positively associated with respondents' own relationship satisfaction. In addition, females' positive dyadic coping was positively linked with their partners' relationship satisfaction. Males' and females' negative mood regulation scores also were positively linked to their own relationship satisfaction, although positive dyadic coping was a stronger predictor than individual coping of relationship satisfaction for males, $\Delta\chi^2(1, N = 100) = 5.69, p < .05$, and females, $\Delta\chi^2(1, N = 100) = 8.38, p < .01$. As shown in Figure 4, the APIM that tested positive dyadic coping in relation to observed negativity (accounting for partners' individual coping strategies and covariate of relationship length) indicated that females' positive dyadic coping was negatively related to their own and their partners' observed negativity during conflict. However, actor and partner effects were not significant for males' positive dyadic coping.

As shown in Figure 5, negative dyadic coping (e.g., minimizing partner stress, using sarcasm) was inversely associated with respondents' own relationship satisfaction. In addition, females' negative dyadic coping was inversely linked with their partners' relationship satisfaction. Negative dyadic coping was a stronger predictor than individual coping of relationship satisfaction for males, $\Delta\chi^2(1, N = 100) = 31.56, p < .001$, and females, $\Delta\chi^2(1, N = 100) = 27.39, p < .001$. In the APIM that tested negative dyadic coping in relation to observed negativity (see Figure 6), again accounting for partners' negative mood regulation and relationship length, females' negative dyadic coping was positively linked to their own and their partners' observed negativity during conflict. Females' negative dyadic coping was more closely related than individual coping to their observed negativity during conflict, $\Delta\chi^2(1, N = 100) = 10.24, p < .01$. Males' negative dyadic coping was marginally

associated with higher observed female negativity, although males' actor effect for negative dyadic coping was not significant.

Discussion

This study found respondents' expectations of negative mood regulation as individual-based coping strategies to be positively linked with positive dyadic coping and inversely linked with negative dyadic coping among male and female dating partners. Notably, analyses accounted for interdependent partner data and potential influences of variations in relationship length on dyadic coping, thereby increasing our confidence in the findings of reliable linkages across individual and relational coping processes.

The present study further contributes to growing body of evidence (e.g., Bodenmann et al., 2006) that shows dyadic coping to reliably covary with the quality of intimate relationships by documenting unique associations between positive and negative dyadic coping and relationship functioning, accounting for individual coping strategies and length of relationship. Actor effects were documented for males and females, and partner or spill-over effects were more consistent for females than for males. Furthermore, most model-comparison tests revealed that dyadic coping constructs were relatively stronger predictors than individual coping strategies of relationship functioning (i.e., relationship satisfaction, observed negative interaction). It is worth noting, however, that the current assessment of individual coping (i.e., NMR) was closely tied to emotion regulation strategies, and future work is needed to ensure that the dyadic coping – relationship functioning linkages were not attributable to construct overlap.

The finding that females' dyadic coping as compared to males' showed more spillover to intimate relationship functioning aligns with Bodenmann et al.'s (2006) reporting that, for women, their own and their partners' dyadic coping were significant predictors of marital quality, whereas for men, only their own dyadic coping predicted marital quality. The current findings suggest that not only does dyadic coping appear to be more important to relationship satisfaction for women than for men, consistent with the relative importance of relationships for women's overall well-being (Kiecolt-Glaser & Newton, 2001), but women's dyadic coping as compared to men's may help to enrich broader relationship functioning for both partners. Taken together, the findings encourage continued exploration of gender differences in dyadic stress and coping processes. Although the average levels of individual coping, dyadic coping, and relationship functioning were mainly similar for male versus female partners in the current study, the pathways through which they are inter-related might differ.

The present study's limitations require consideration. First, the study design was cross-sectional and relied on a convenience sample collected from the community. In particular, findings may not replicate among samples of more relationally-distressed couples. Also, the present study's measurement of individual coping strategies (i.e., negative mood regulation) was limited; the broader literature encourages consideration of a range of constructive and destructive behavioral approaches (e.g., Birditt, Rott, & Fingerman, 2009; Moskowitz, Hult, Bussolari, & Acree, 2009). To overcome these limitations, future work should consider more comprehensive views of individual coping among representative samples in designs that incorporate longitudinal methods. Following the stress-coping cascade model, it would be interesting to test whether romantic partners utilize individual coping efforts *prior to or in conjunction with* dyadic coping to manage stressful relationship experiences, thereby helping to elucidate dynamics between coping patterns and intimate relationship functioning as they unfold over time (Bodenmann, 2005). Along similar lines, a valuable question for future research to address is whether *congruence* between romantic partners' coping

strategies contributes to relationship functioning uniquely beyond individual coping (e.g., Ben-Zur, Gilbar, & Lev, 2001). Moreover, it is unclear how many couples were dealing with chronic stress (e.g., illness) during the study, which may be an important determinant of partners' engagement in dyadic coping strategies (Berg & Upchurch, 2007). Additional work on coping processes and relationship qualities should incorporate couples who are more diverse along racial and ethnic background, student or employment status, and sexual orientation. Finally, the study utilized a nontraditional approach to coding the conflict discussions, potentially compromising the psychometric properties of the observed negative interaction data.

In terms of implications of the current findings, individuals seeking psychological treatment point to distress in intimate relationships as a leading area of concern. The present study contributes to our understanding of dyadic coping as a correlate of relationship dissatisfaction as well as a potential area of intervention for efforts aimed at improving relational functioning. Whereas past research has largely focused on longer-term couples facing major or chronic stressors, the present findings highlight the relevance of dyadic coping to the adjustment of community-based couples in the earlier phases of intimate relationships. Additional research avenues should continue to assess dyadic coping as a point of prevention and intervention for relationship distress and dissolution (Bodenmann, 1997; Bodenmann et al., 2009), focusing broadly on couples with differing levels of individual and relationship well-being across the course of intimate relationships. Promising results have shown that couples therapy with a focus on coping is as effective in reducing individuals' depressive symptoms as traditional cognitive-behavioral therapy and interpersonal psychotherapy approaches (Bodenmann et al., 2008). In conclusion, elucidating the ways in which people manage relational stress with partners in intimate and family relationships (e.g., Berg et al., 2009) may ultimately further understanding and treatment of the negative interplay between individuals' maladjustment and relationship distress.

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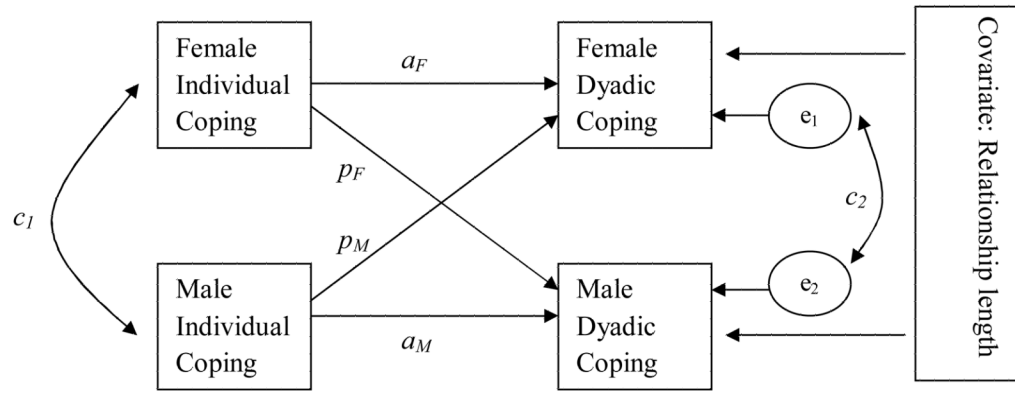


Figure 1. Actor-Partner Interdependence Model to test associations between individual coping Strategies and dyadic coping. c_1 = correlated predictor variables; c_2 = correlated error terms; a_M and a_F = actor effects for males and females, respectively; p_M and p_F = partner effects for males and females, respectively.

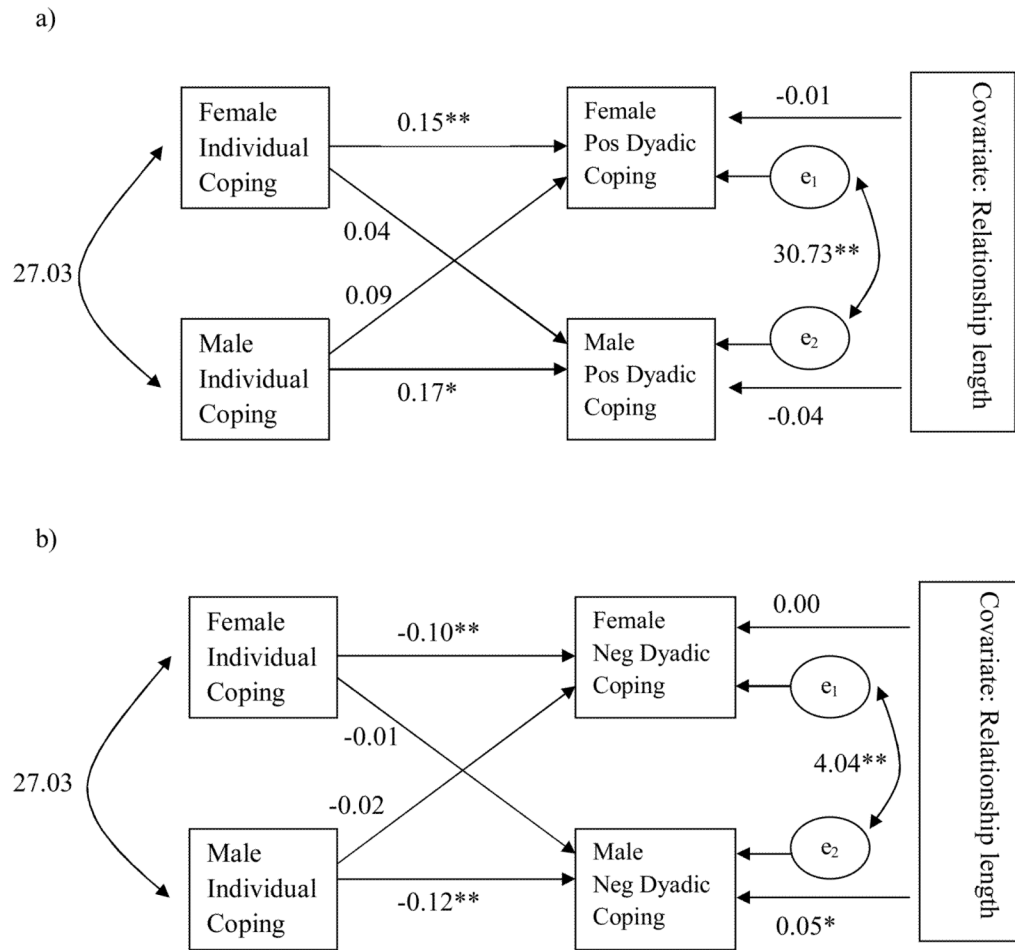


Figure 2. Actor-Partner Interdependence Model to test associations between individual coping strategies and a) positive dyadic coping and b) negative dyadic coping. Unstandardized path coefficients are presented. * $p < .05$. ** $p < .01$.

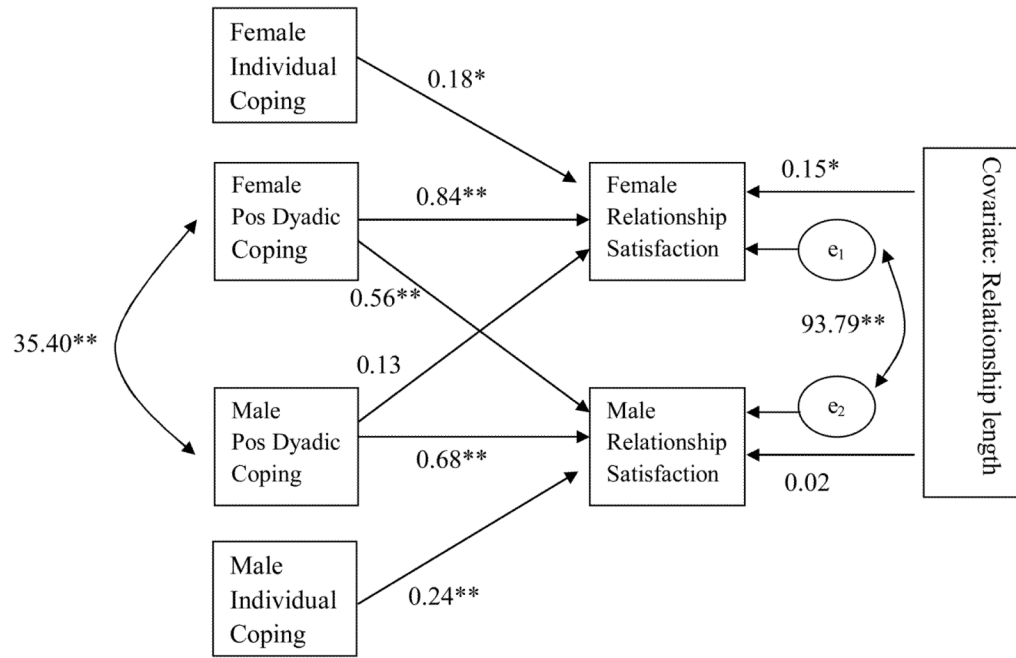


Figure 3. Actor-Partner Interdependence Model to test associations between positive dyadic coping and relationship satisfaction. Unstandardized path coefficients are presented. * $p < .05$. ** $p < .01$.

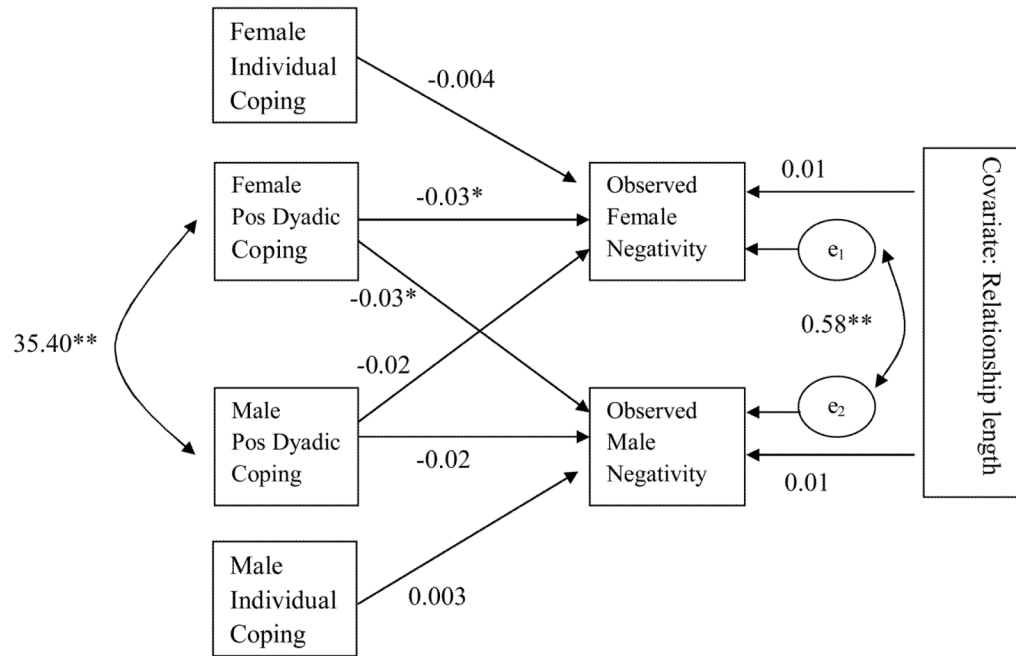


Figure 4. Actor-Partner Interdependence Model to test associations between positive dyadic coping and observed negative interaction. Unstandardized path coefficients are presented. * $p < .05$. ** $p < .01$.

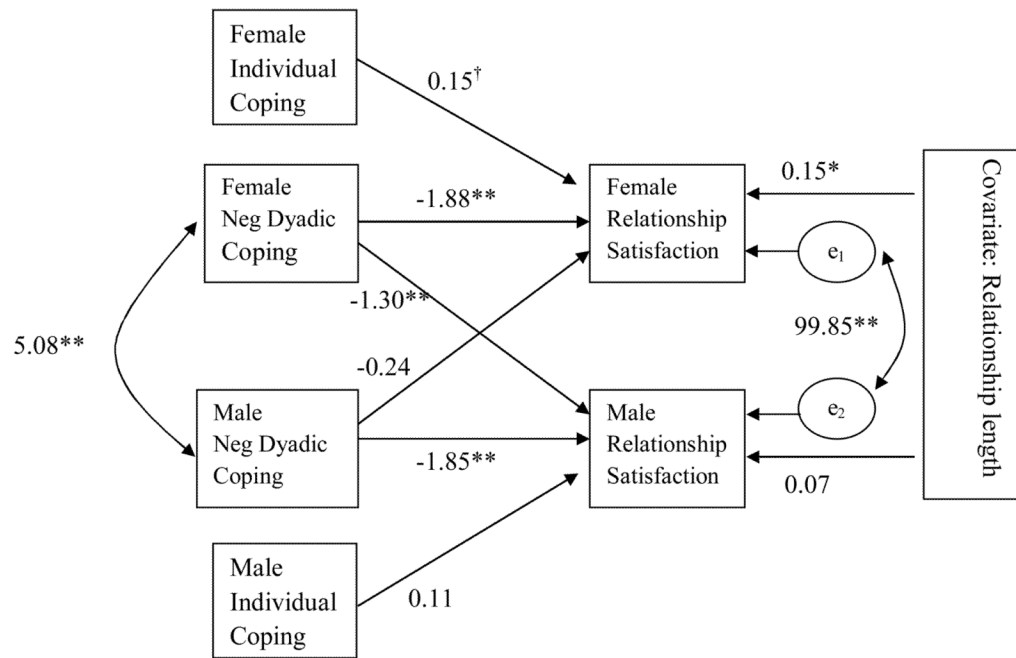


Figure 5. Actor-Partner Interdependence Model to test associations between negative dyadic coping and relationship satisfaction. Unstandardized path coefficients are presented. [†] $p < .07$. * $p < .05$. ** $p < .01$.

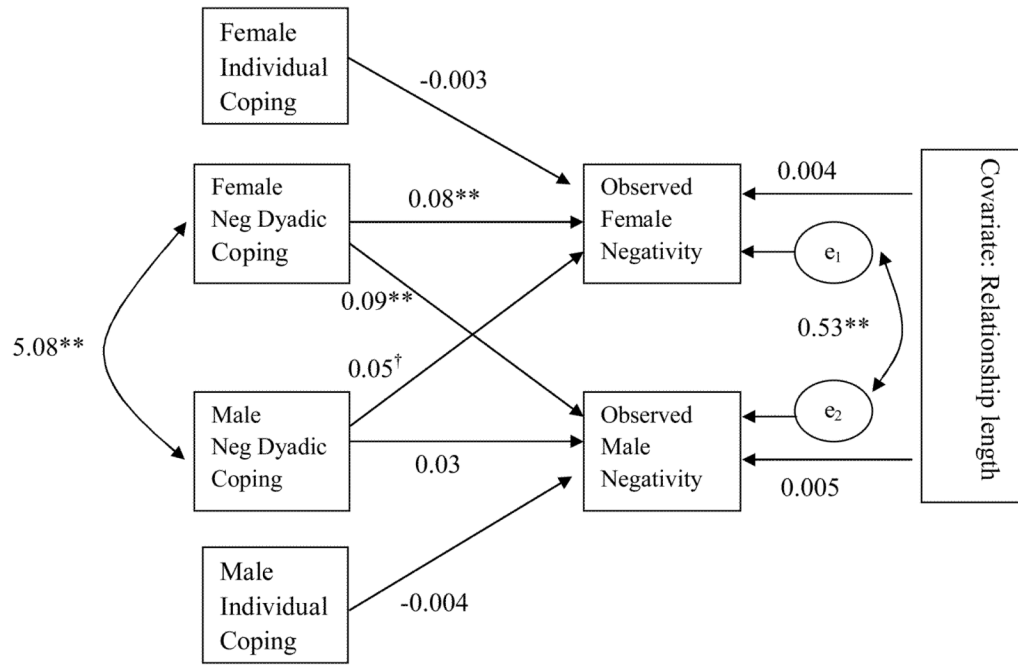


Figure 6. Actor-Partner Interdependence Model to test associations between negative dyadic coping and observed negative interaction. Unstandardized path coefficients are presented. † $p < .06$. * $p < .05$. ** $p < .01$.

Table 1

Primary Study Variables: Descriptive Statistics (N = 100 Couples)

Variable	Male Partners			Female Partners			Male-Female Difference		
	α	<i>M</i>	<i>SD</i>	α	<i>M</i>	<i>SD</i>	<i>df</i>	<i>t</i>	
Individual coping	.86	112.01	13.61	.88	111.78	14.42	99	0.13	
Positive dyadic coping	.89	74.98	9.75	.80	76.34	8.70	99	-1.37	
Negative dyadic coping	.73	13.82	4.28	.77	12.41	4.13	99	2.80**	
Relationship satisfaction	.94	136.31	16.99	.93	137.14	16.90	97	-0.56	
Observed negative interaction	.82	3.04	1.01	.82	3.19	1.03	96	-1.84 [†]	

[†] $p < .07$.** $p < .01$.

Table 2

Correlations among Primary Study Variables (N = 100 Couples)

Variable	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
1. M Individual coping	--									
2. F Individual coping	.14	--								
3. M Positive dyadic coping	.24*	.09	--							
4. F Positive dyadic coping	.17†	.27**	.42**	--						
5. M Negative dyadic coping	-.38**	-.11	-.53**	-.27**	--					
6. F Negative dyadic coping	-.11	-.35**	-.30**	-.54**	.29**	--				
7. M Relationship satisfaction	.38**	.16	.56**	.49**	-.57**	-.45**	--			
8. F Relationship satisfaction	.21*	.28**	.26**	.50**	-.17†	-.52**	.62**	--		
9. M Observed negative interaction	-.12	-.22*	-.27**	-.31**	.25*	.39**	-.26*	-.14	--	
10. F Observed negative interaction	-.10	-.22*	-.25*	-.30**	.29**	.38**	-.24*	-.28**	.70**	--

Note. M = male partner; F = female partner.

† $p < .10$.* $p < .05$.** $p < .01$.