DYADIC COPING, DAILY MARITAL TENSION, AND
OVERALL MARITAL ADJUSTMENT IN STEPFAMILY COUPLES

by

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We accept this thesis as conforming
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Abstract

This investigation explored the relation between marital outcomes and daily coping in stepfamily couples. Two types of marital outcomes were examined: overall marital adjustment and daily marital tension. Specifically, it was hypothesized that respondent and spouse coping would each explain unique variance in marital adjustment and in daily marital tension levels. In addition, the association between marital outcomes and specific interactions of respondent and spouse coping strategies was examined. Seventy-eight couples participated in all phases of the study, which included a 45-minute structured telephone interview and a structured one-week diary. Marital adjustment was assessed by means of the Dyadic Adjustment Scale (Spanier, 1976). Daily coping was measured using the Revised Ways of Coping Scale (Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986). Marital tension was also assessed on a daily basis. Analyses revealed no significant associations between marital adjustment and respondent or spouse coping. Respondent marital tension was found to explain a significant amount of the variation in day-to-day marital tension. However, no significant independent effects of either spouse coping or respondent and spouse coping interactions were found.
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Dyadic Coping Strategies, Daily Marital Tension, and Overall Marital Adjustment in Stepfamily Couples

Research in the field of stress and coping has traditionally focused on the individual as the unit of analysis. Numerous studies have examined outcomes associated with an individual's use of different coping strategies across a variety of situations (e.g., Folkman & Lazarus, 1985, 1988; Folkman, Lazarus, Dunkel-Schetter, DeLongis, & Gruen, 1986; Folkman, Lazarus, Gruen, & DeLongis, 1986; Holahan & Moos, 1986, 1987a, 1987b; Menaghan, 1983; Roth & Cohen, 1986.). Increasingly, however, research has indicated that the most challenging stressors with the greatest impact on one's mood and health are interpersonal in nature (Bolger, DeLongis, Kessler, & Schilling, 1989). Particularly with stressors of this sort, it may be important to consider coping responses within the context of a social unit. Conceptualizing coping responses as isolated, individual phenomena may not be particularly useful when stressors occur in a such a context. In these situations, we may be better able to predict the outcomes of stressful episodes if we consider the coping responses of others involved in an episode (DeLongis & O'Brien, 1990).

A number of researchers have reached similar conclusions, especially regarding stressors occurring in a marital and/or family context. In an article addressing marital coping, Menaghan (1982) concluded: "Future studies could ... profitably focus on the ... coping efforts of both partners--the effectiveness of coping efforts may in part depend on how well these efforts mesh with the efforts and perceptions of the other partner" (p. 231). Ilfeld (1980) stated: "Having responses from both marital partners would provide a completely new order of data for the understanding of marital ... stressors" (p. 381). Patterson (1988) made a similar observation about coping in families: "Although coping most often has been conceptualized at the individual level, family ... level coping can also be considered if we think of collective group action to eliminate or manage demands. Family coping could be viewed as coordinated problem-solving behavior of the whole system, but it could also involve complementary efforts of the individual family members that fit together as a synthetic whole" (p. 218).
Several studies have demonstrated the importance of coping responses in marital and family contexts. The findings of a number of studies indicate that coping plays a large role in determining the impact of marital and family stressors. For instance, Ilfeld (1980) found coping style to be the strongest predictor of future marital stressors. In their original analysis of the same data set, Pearlin and Schooler (1978) concluded that: "Whether or not the strains experienced by people in their marriages lead to emotional distress depends to a substantial extent on their coping responses" (p. 10). They also noted that in the management of marital and family stressors, what people did (i.e., the coping strategies they utilized) had a greater impact on the amount of stress they experienced than did who they were (i.e., their enduring personality characteristics).

In a family, analysis at the level of the marital dyad is potentially valuable because it has been demonstrated that the coping strategies spouses employ can partially predict family functioning and member distress. For instance, Stern and Pascale (1979) found that the wives of heart attack patients who denied the seriousness of their condition were more prone to depression than were the wives of patients who did not engage in denial. Whiffen and Gotlib (1989) found that husbands' marital distress was related to their wives' (and their own) coping responses. Repetti (1989) reported evidence of a relation between wives' support provision and husbands' adjustment to work overload. In their review of the family stress and coping literature, McCubbin, Joy, Cauble, Comeau, Patterson, and Needle (1980) highlighted the impact of parental coping strategies on child health and family functioning. More recently, Holahan and Moos (1987b) found that maternal avoidance coping predicted children's concurrent psychological and physical distress. These findings demonstrate that the individual coping responses of each spouse have the potential to affect both member and family functioning and adjustment.

It is also possible to consider the coping responses of a husband and wife to a given stressor in tandem. If spousal coping is examined in this fashion, the effects of spousal coping on marital outcomes may appear somewhat different than would be predicted on the basis of individual spouses' coping responses alone. For example, if two spouses simultaneously utilized coping strategies that were incompatible (e.g., problem-solving and denial), the effect
on marital outcomes might be more negative than would be predicted on the basis of either strategy used in isolation. The combined effects of spouses' coping strategies could be more positive, more negative, or otherwise different than would be expected on the basis of either strategy alone. Regardless of the specific form of these effects, it is possible that predictive power will be gained if interactions of spousal coping responses are examined, rather than considering individual spouse coping responses in isolation. Although little research has addressed stress and coping processes from this perspective, there is some evidence that information about dyadic patterns can add significantly to the prediction of respondent outcomes. Gruen, Folkman, and Lazarus (1988) found that information regarding dyadic coping patterns predicted variance in respondent depressive symptoms and health deficits above and beyond that predicted by information about the respondent's coping patterns.

Researchers in the area of parenting offer evidence suggesting that considering interactions of spousal responses may be especially important when studying couples with children. In the co-parenting literature, child behavior problems have been described as a partial result of parental inability to coordinate child-rearing efforts (Johnston, 1992). For instance, interparent conflict regarding child-rearing has been demonstrated to predict childhood aggression in both problem and nonproblem boys and girls (Dadds & Powell, 1991). It is also asserted by researchers in this area that child behavior can have a reciprocal influence on marital adjustment (e.g., Emery, 1982), although the mechanisms that underlie this relation remain unclear (Jouriles, Farris, & McDonald, 1991). Thus, uncoordinated parental coping efforts might indirectly lead to future marital difficulties via the child behavior problems they can engender. Coordination of coping efforts in response to parenting challenges takes on great importance when considered from this perspective. In the proposed study, coordination of spousal coping efforts will be examined.

Theoretical Background: the Cognitive-Transactional Perspective

The proposed study is theoretically grounded in a cognitive-transactional theory of stress and coping that has been developed by Lazarus and his colleagues over a number of years (e.g., Folkman et al., 1986a; Lazarus & Folkman, 1984). In this view, stress is conceived of as a "dynamic, mutually reciprocal, bidirectional relationship" (Folkman et al.,
between a person and the environment. A stressful encounter occurs when an individual appraises a situation as personally relevant and as taxing his or her resources.

Coping is defined as a person's "constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person" (Lazarus & Folkman, 1984, p.141). In the cognitive-transactional view, coping is generally considered to serve two main purposes: the active management of stressful situations (problem-focused coping) and the regulation of stressful emotions (emotion-focused coping). Problem-focused coping has been found to be used more frequently in encounters that are appraised as changeable. Emotion-focused coping is typically used more often in encounters that are perceived as unchangeable (Folkman & Lazarus, 1985).

**Coping and Stepfamilies**

Stepfamilies are the population from which the present study's sample was drawn. There are several reasons stepfamilies are an appropriate population in which to investigate the dynamics of interactive coping. First of all, many of the challenges that stepfamilies report facing are interpersonal in nature (Albrecht, 1979). In addition, family researchers have noted that there exists a dearth of information regarding interpersonal processes in stepfamilies (Coleman & Ganong, 1990). Finally, the need for research at the dyadic and familial levels has recently been emphasized in the stepfamily literature (Coleman & Ganong, 1990).

**Coping and Outcome Levels**

In the present study, coping outcomes were examined at two levels. Overall marital adjustment, which has been found to be relatively stable across time (Spanier, 1976), was assessed on one occasion (at the onset of the respondent's study participation). Daily marital tension was assessed twice a day for one week, as it was expected to be less stable than overall marital adjustment. There were both conceptual and methodological reasons for including the two types of outcomes.

Marital adjustment has traditionally been assessed using measures that are considered to be relatively stable (e.g., the Locke-Wallace Marital Adjustment Scale, Locke & Wallace, 1959; the Dyadic Adjustment Scale, Spanier, 1976). Because of the presumed stability of these measures, across-subject research designs are typically used in studies of marital adjustment.
(that is, research designs which require only one assessment of marital adjustment per subject).
In the present study, however, marital adjustment was assessed using both across-subjects
analyses (of global marital adjustment) and within-subjects analyses (of daily marital tension).
This allowed two parallel but separate sets of questions to be addressed (DeLongis, Folkman,
& Lazarus, 1988). Across-subject analyses permitted us to ask whether dyadic coping was
related to global marital adjustment. Within-subject analyses provided information regarding
the relation between daily fluctuations in coping and marital outcomes. Based on the research
reviewed regarding the effects of individual and marital coping on family functioning, it was
predicted that daily fluctuations in both individual and dyadic coping would be significantly
associated with changes in daily marital tension levels.

Coping Strategies: Description and Previous Research

The present analyses investigated eight coping strategies which Folkman et al. (1986a)
proposed based on a revised version of the Ways of Coping Checklist (WOC) (Folkman &
Lazarus, 1985). The WOC was developed from factor analysis of a series of coping strategies
compiled from a review of the literature and from interviewing subjects about the ways in
which they managed stress. The strategies included in the WOC are: planful problem-
solving, confrontive coping, escape-avoidance, distancing, self-control, accepting
responsibility, positive reappraisal, and seeking social support.

Planful problem-solving has been defined as "deliberate problem-focused efforts to
alter the situation" (Folkman et al., 1986a, p. 995). It represents a rational, emotionally
detached coping approach. It is the quintessential form of problem-focused coping. Previous
research has found that satisfactory outcomes for individuals are typically characterized by
high levels of problem-solving (Folkman et al., 1986a). Problem-solving has also been found
to be negatively correlated with psychological symptoms (Folkman, Lazarus, Gruen, &
DeLongis, 1986) and to be associated with positive emotional states (Folkman & Lazarus,
1988).

Interestingly, it has been demonstrated that problem-solving is less likely to be used in
encounters where a loved one's well-being is perceived to be at stake (Folkman et al., 1986a).
Folkman and her colleagues explain this finding in terms of the emotional involvement people
typically have with their loved ones: "It may be that such encounters are not amenable to rational problem-solving" (p. 999). It was predicted that when used in the context of a stepfamily, planful problem-solving would be associated with positive marital outcomes.

Confrontive coping can serve both problem-focused and emotion-focused functions. It has been defined as "aggressive efforts to alter the situation" (Folkman et al., 1986a, p. 995). Folkman and her colleagues note that it "also suggests a degree of hostility and risk-taking" (Folkman et al., 1986a, p. 995). Confrontive coping has been found to be associated with negative outcomes including: the unsatisfactory resolution of a stressful event (Folkman et al., 1986b), poor mood (Folkman et al., 1986a), negative emotional states (Folkman & Lazarus, 1988), later symptoms of psychological distress (Folkman et al., 1986a), low marital satisfaction (Bowman, 1990), and chronic marital strain (Ilfeld, 1980).

Several other findings regarding confrontive coping are important to note. It has been demonstrated that this strategy is used more often in encounters in which a loved one's well-being is perceived to be at stake and in encounters involving a strain on financial resources (Folkman et al., 1986a). This latter finding is especially pertinent to the study of stepfamilies because both researchers and clinicians have reported that financial difficulties are the most frequently cited problem for remarried couples (Albrecht, 1979; Coleman & Ganong, 1990). Researchers have also found that economic difficulties have a more negative impact on spousal relationships in remarried couples than in couples who have not been previously married (Hobart, 1990). The use of confrontive coping strategies was expected to be associated with negative outcomes for the marital dyad.

Escape-avoidance is primarily an emotion-focused coping strategy which "describes wishful thinking" (Folkman et al., 1986a, p. 995), including attempts to wish the stressful situation away. Typically, escape-avoidance has been found to be associated with negative outcomes including: psychological distress (Billings & Moos, 1981), physical strain (Kobasa, 1982) and distress (Holahan & Moos, 1987a), low marital satisfaction (Bowman, 1990), and chronic marriage strain (Whiffen & Gotlib, 1989). Pearlin and Schooler (1978) reported that the most effective coping responses in marriage and parenting were those that did not involve avoidance or withdrawal.
There is also some evidence indicating that the negative outcomes associated with an individual's use of escape-avoidance may extend to one's family members, as well. For example, researchers have found that increased maternal avoidance coping predicts children's increased concurrent psychological and physical distress (Holahan & Moos, 1987b). Such effects are especially important to recognize as it has been shown that escape-avoidance coping is more likely to be used if an encounter involves a loved one's well-being (Folkman et al., 1986a). In the present study it was expected that escape-avoidance coping would be associated with negative marital outcomes.

Distancing is a coping strategy that "describes efforts to detach oneself" from the stressor (Folkman et al., 1986a, p. 995). It reflects a determination to avoid letting the stressor exert too strong an influence on the individual who is coping. Distancing is primarily an emotion-focused coping strategy.

The reader may note that this definition seems somewhat reminiscent of that offered for escape-avoidance coping. However, distancing has a more positive, less desperate tone than does escape-avoidance (e.g., distancing: "I didn't let it get to me/I refused to think about it too much" versus escape/avoidance: "I hoped a miracle would happen").

Nonetheless, researchers have found distancing, like escape-avoidance, to be associated with negative outcomes. Folkman and her colleagues (1986a) found that unsatisfactory outcomes were characterized by higher levels of distancing. Menaghan (1982) noted that a similar coping response which she called selective ignoring was associated with increased concurrent distress and seemed to have little impact on problem level at a later time.

Other research suggests that distancing can affect the significant others in an individual's life negatively, as well. Stern and Pascale (1979) found that heart attack patients who denied the seriousness of their ailment were less anxious and depressed and more likely to engage in their normal role responsibilities than those who did not make use of denial (a form of distancing). However, the wives of these patients were more prone to depression than were the wives of patients who did not engage in denial.

Folkman et al. (1986a) also demonstrated that, as with planful problem-solving, distancing is less likely to be used in encounters where a loved one's well-being is at stake.
They explain this finding as follows: "It may be that ... when a loved one is involved, people cannot or do not wish to be emotionally detached" (p. 999). Within the context of a stepfamily, the effects of distancing on marital outcomes were expected to be negative.

Self-control is a primarily emotion-focused coping strategy which "describes efforts to regulate one's own feelings and actions" (Folkman et al., 1986a, p. 995). Research has found it to be associated with effective coping in some circumstances (Pearlin & Schooler, 1978), and ineffective coping in other situations (Whiffen & Gotlib, 1989).

Whiffen and Gotlib hypothesize that the efficacy of self-control coping may be partially determined by the other strategies with which it is paired. It has been determined that people typically make use of numerous strategies to cope with a given stressor (Folkman & Lazarus, 1985). Whiffen and Gotlib (1989) found that maritally-distressed husbands tended to use self-control strategies in conjunction with escape-avoidance strategies (Whiffen & Gotlib, 1989). "In this context," they assert, "self-control is unlikely to promote the deliberation that is conducive to effective problem-solving" (p. 341). They suggest that self-control paired with planful problem-solving might be a more effective combination. Folkman and her colleagues have reported evidence supporting this assertion (1986a). They found that in certain situations, self-control appears to facilitate problem-focused coping. These authors conclude that self-control may serve different functions in different situations.

Because of the complex relations that have been described among self-control and other coping strategies, specific hypotheses regarding this strategy were not made.

Accepting responsibility is primarily an emotion-focused coping strategy by which one "acknowledges one's role in the problem with a concomitant theme of trying to put things right" (Folkman et al., 1986a, p. 995). Folkman and her colleagues (1986a) suggest that these coping strategies are similar to a set of coping strategies which Janoff-Bulman (1979) has described as behavioral self-blame. These strategies were found to be correlated with effective adjustment in at least one study (Bulman and Wortman, 1977). Folkman et al. hypothesize that accepting blame may facilitate problem-focused coping. However, in a study of marital coping, Whiffen and Gotlib (1989) found that maritally distressed husbands were more likely to make use of this strategy than were nondistressed husbands. Since these data were cross-
sectional and not longitudinal, issues of causality cannot be addressed. Also, long-term outcomes were not considered in this study. It could be, for instance, that use of accepting responsibility leads to concurrent individual distress, but is predictive of effective adjustment in the long run.

The long-term effects of coping were not examined in the proposed study. However, because accepting responsibility is hypothesized to facilitate problem-solving, it was expected to predict positive marital outcomes.

Positive reappraisal is an emotion-focused strategy that "describes efforts to create positive meaning by focusing on personal growth" (Folkman et al., 1986a, p. 995). Folkman and her colleagues (1986a) found that satisfactory outcomes were characterized by increased use of this strategy. In her study of marital coping efforts, Menaghan (1982) found that similar strategies which she characterized as optimistic comparisons were associated with lower concurrent distress and fewer later marital problems. In a related study, Menaghan (1983) determined that greater parental distress was associated with less frequent use of optimistic comparisons in coping with parenting stressors. Ilfeld (1980) reported that in coping with marital stressors, optimistic action, a strategy which involves "showing a hopeful and positive view about the marriage" (p. 379) was the most effective of the coping responses which he considered. Also, in her study of marital coping, Bowman (1990) found that a similar strategy which she labeled positive approach to be the one coping strategy consistently associated with high marital adjustment. In the present study, it was expected that use of positive reappraisal coping would be associated with positive outcomes for marital dyads.

Seeking social support is the final subscale that was explored. It can be conceived of as both a problem-focused and an emotion-focused coping strategy. It "describes efforts to seek informational support, tangible support, and emotional support" (Folkman et al., 1986a, p. 995).

Social support seeking is no doubt an important dimension of how people cope. However, the findings regarding support seeking are somewhat confusing. Perhaps this is because researchers are not always careful to distinguish between support seeking and the actual receipt of social support.
In general, social support is considered to be an important factor in protecting individuals from stress and in facilitating recovery from stress and crisis (DeLongis, Folkman, & Lazarus, 1988; Holahan & Moos, 1986; House, Landis, & Umberson, 1988; McCubbin et al, 1980). It appears to play an especially important role in remarriage satisfaction and adjustment (Coleman & Ganong, 1990; Roberts & Price, 1989). However, seeking social support has generally been found to be associated with negative outcomes (e.g., Whiffen & Gotlib, 1989). Support seeking may actually reflect a greater need for social support resulting from a deficit in the social support offered to the person.

Given the complexity of the previous findings regarding this scale, no specific predictions were made about social support seeking.

Folkman and her colleagues (1986a) have offered a word of caution pertaining to the coping strategies that they discuss: "Whether or not a coping strategy results in positive outcomes depends on the demands and constraints of the context in which it is being used and the skill with which it is applied" (p. 1001). In the context of the present study, this suggests that other factors in addition to the specific couple coping combinations may influence the outcomes experienced by the couple. In this study, problem type and socioeconomic status were the primary variables expected to influence both coping and outcomes. Both of these variables were included in the analyses as control variables to determine their influence on the outcomes examined.

Hypotheses Pertaining to Individuals' Coping

Based on the research findings reviewed in the previous section, three sets of hypotheses regarding individual coping were forwarded. First, it was proposed that respondent coping would be significantly associated with respondent marital adjustment and with daily respondent marital tension levels. Specifically, it was predicted that planful problem-solving, accepting responsibility, and positive reappraisal would be positively associated with marital adjustment and negatively associated with daily marital tension levels. It was also predicted that the following strategies would be negatively associated with the respondent's marital adjustment and positively associated with marital tension: confrontive coping, escape-avoidance, and distancing.
Hypotheses Pertaining to Spouses' Coping

It was also hypothesized that information concerning a spouse's coping would be significantly associated with respondent marital adjustment and with daily marital tension levels, even after controlling for the respondent's coping. The same specific predictions were made regarding spouse coping as were made for respondent coping. That is: planful problem-solving, accepting responsibility, and positive reappraisal would be positively associated with marital adjustment and negatively associated with daily marital tension levels, and confrontive coping, escape-avoidance, and distancing would be negatively associated with the respondent's marital adjustment and positively associated with marital tension.

These predictions were based on the research reviewed that has suggested an association between spouses' coping strategies and the outcomes experienced by their partners (Repetti, 1989; Stern and Pascale, 1979; Whiffen and Gotlib, 1989). The effects of spouses' coping on their partners' outcomes could occur in a number of ways. First of all, a spouse may have the ability to reduce or heighten the effects of a stressor on his or her partner by means of his or her own coping responses. For instance, in managing child misbehavior, one spouse might reduce the impact of the stressor on the partner by taking direct action and disciplining the child. The coping of one's partner might also affect an individual less directly. For instance, a wife who left the room or turned on the television whenever a certain stressful topic arose might convey indifference to her spouse, which, in turn, could cause the spouse to feel resentful or angry.

It is also possible that the compatibility of spouses' coping responses may influence the outcomes experienced by both partners. This possibility will be discussed in the following section.

Hypotheses Regarding Respondent and Spouse Coping Interactions

A final set of hypotheses was made regarding spousal coping interactions. Several specific interactions of spousal coping strategies were predicted to be significantly associated with respondent marital adjustment and with respondent daily marital tension levels, even after controlling for respondent and spouse coping.
These hypotheses focused on coordination of spousal coping efforts. Research on marital adjustment in remarriage has demonstrated that spouses' attitudes towards cooperativeness are positively related to marital adjustment, while attitudes towards competitiveness are negatively related to marital adjustment (James & Johnson, 1987). The coparenting research cited earlier regarding the importance of coordinating parental coping efforts suggests that spousal cooperation may also hold important implications for child and family adjustment. Based on these findings, it was predicted that spousal coping combinations that represent coordinated spousal coping efforts would predict positive outcomes, while those that suggested uncoordinated coping would predict negative outcomes. Some coping combinations fit into these categories more neatly than others. Therefore, predictions were only made for those combinations for which this categorization seemed appropriate.

Five specific cooperative coping combinations were expected to be associated with positive outcomes: problem-solving and problem-solving, accepting responsibility and accepting responsibility, positive reappraisal and positive reappraisal, problem-solving and accepting responsibility, and problem-solving and positive reappraisal. The hypothesis underlying these predictions was that strategies expected to be associated with positive marital outcomes when used by an individual should also be associated with positive marital outcomes when used by both members of a couple. It was postulated that the combined effects of two positive strategies could be either additive or multiplicative.

In addition, there were several other reasons why the last two cooperative coping combinations, accepting responsibility and problem-solving and positive reappraisal and problem-solving, were expected to be associated with positive marital outcomes. Folkman and her colleagues (Folkman et al., 1986a) hypothesize that, for an individual, accepting responsibility facilitates problem-focused coping (of which problem-solving is the prime example). If one accepts that he or she has played a role in bringing on a particular stressor, that person would also be likely to feel some responsibility towards mitigating the negative effects of the stressor. Thus, accepting responsibility may be an important precursor to problem-solving. In a dyadic context, such facilitatory effects are also likely. If one spouse is
problem-solving, evidence of accepting responsibility on the part of the other spouse may suggest that problem-solving aid is forthcoming, as indeed may be the case.

Folkman et al. (1986a) also suggest that positive reappraisal may have a facilitatory effect on problem-focused coping (such as problem-solving). As possible evidence of such an effect, they cite their findings in several studies (e.g., Folkman & Lazarus, 1985) that these two types of coping tend to be highly correlated. The items comprising the positive reappraisal scale seem to suggest that the coping individual is attempting to see the effects of the stressor in a positive light (e.g., "I changed or grew as a person in a good way"). Such an attitude is likely to be seen as supportive of the efforts of a spouse who, somewhat similarly, may be attempting to mitigate the negative effects of the stressor by problem-solving. As with accepting responsibility, it is possible that such a positive outlook suggests to one's spouse that help with his or her problem-solving efforts is imminent.

Five uncooperative coping combinations were hypothesized to predict negative outcomes: confrontive coping and confrontive coping, escape-avoidance and escape-avoidance, distancing and distancing, confrontive coping and escape-avoidance, and confrontive coping and distancing. The logic behind the selection of these combinations was similar to that detailed regarding cooperative coping combinations. It was predicted that strategies hypothesized to be associated with negative marital outcomes when used by an individual would also be associated with negative marital outcomes when used by both members of a couple. Again, the possibility of multiplicative effects was considered.

There are additional reasons why the last two combinations, confrontive coping and escape-avoidance and confrontive coping and distancing, were expected to be associated with negative outcomes. Though confrontive coping suggests an overtone of hostility, it, nonetheless, represents an active approach to the problem. Such incompatible pairings of active and avoidant strategies may lead to feelings of frustration on the part of the spouse who is actively confronting the stressor, and feelings of guilt and annoyance on the part of the spouse who does not wish to face the stressor. These feelings are likely to interfere with effective communication which could aid in coping with the problem, and also to increase levels of marital tension.
Gender and Marital Adjustment

Research indicates that there are gender differences in the levels of marital adjustment that men and women report. Both first-married (Bernard, 1972; Rhyne, 1981) and remarried husbands (Vemer, Coleman, Ganong, & Cooper, 1989) have been found to be more satisfied with their marriages than first-married and remarried wives, respectively.

A related finding from the marital attribution literature holds implications for the present research. Holtzworth-Munroe and Jacobson (1985) found that women tend to make causal attributions for their spouses' behavior regardless of their own marital adjustment, while men only tend to make such attributions when they are maritally distressed. Integrating this finding with their own clinical observations, these researchers suggest that nondistressed husbands may spend less time than wives (distressed or nondistressed) considering the marital relationship and its functioning. This tendency could be both a cause and an effect of higher male marital adjustment. Regardless of the direction of causality, it would suggest that nondistressed husbands (as the bulk of our non-clinical sample is likely to be) might be less sensitive than their wives to inter-partner coping dynamics. On the basis of this research, it was acknowledged that gender differences in the relations among coping and marital outcomes might be found. However, as gender differences were not the focus of the present study, no formal hypotheses were made in this regard.

Summary of Hypotheses

To summarize, the present study investigated the following hypotheses:

1). Respondent coping. The respondent's coping will be significantly associated with respondent marital adjustment and with respondent daily marital tension levels. Specifically:

(a) Use of planful problem-solving, accepting responsibility, and positive reappraisal by a respondent will be positively associated with the respondent's marital adjustment, and negatively associated with daily marital tension levels.

(b) Use of confrontive coping, escape-avoidance, and distancing by the respondent will be negatively associated with the respondent's marital adjustment, and positively associated with daily marital tension levels.
2). Spouse Coping. The spouse's coping will be significantly associated with respondent marital adjustment and with daily respondent marital tension levels, even after controlling for the respondent's coping. Specifically:

(a) Use of planful problem-solving, accepting responsibility, and positive reappraisal by a respondent's spouse will be positively associated with the respondent's marital adjustment, and negatively associated with daily marital tension levels.

(b) Use of confrontive coping, escape-avoidance, and distancing by the respondent's spouse will be negatively associated with the respondent's marital adjustment, and positively associated with daily marital tension levels.

3). Respondent x Spouse Coping Interactions. Interactions of spousal coping strategies will be significantly associated with respondent marital adjustment and with daily respondent marital tension levels, even after controlling for respondent and spouse coping. Specifically:

(a) Cooperative coping combinations (problem-solving x problem-solving, accepting responsibility x accepting responsibility, positive reappraisal x positive reappraisal, problem-solving x accepting responsibility & problem-solving x positive reappraisal) will be positively associated with high marital adjustment scores, and negatively associated with daily marital tension levels.

(b) Uncooperative coping combinations (confrontive coping x confrontive coping, escape-avoidance x escape-avoidance, distancing x distancing, confrontive coping x escape-avoidance & confrontive coping x distancing) will be positively associated with low marital adjustment scores, and positively associated with daily marital tension levels.

Method

The present study was part of a larger research project investigating stress and coping in stepfamilies. In the course of this project, numerous measures were administered to participating couples. However, only those procedures and measures that are pertinent to the present investigation will be discussed in this section.
Sample

A total of 78 couples from the greater Vancouver area completed all phases of the study. Couples were required either to be married or living as common-law spouses (for simplicity, these participants will henceforth be referred to as married). Each couple was also required to have at least one child from a previous union living at home for a minimum of three months per year. Of these 78 couples, 66% had one or two children from a previous union, 65% had one or two stepchildren, and only 24% had one or more children from the present union. Half of the couples had either three or four children in total (the range was 1-8). The average number of years married or living together as common law spouses was 6.2 (S.D. = 11.5). The vast majority of the participants (76%) were born in Canada. Other countries of origin included: the United States, Britain, Europe, Africa and India, and Central and South America (in descending order of prevalence). Most subjects reported a Protestant religious background (54%). However, Roman Catholics (18%), individuals of Jewish faith (2%), people from other religious backgrounds (15%), and individuals expressing no religious preference (12%) were also represented in the sample. The average family income reported was $78,000, and the mean level of education attained was 14 years. Thus, it is apparent that this sample is in the upper range of Canadians in terms of income and educational background.

Procedure

Couples were recruited by means of newspaper and radio advertisements, notices in school newsletters, posters in various communities, and presentations to several local stepfamily support groups. Interested couples were requested to telephone the laboratory for more information. Couples contacting the project office were sent a description of the study’s goals and procedures. This letter also noted that all participating couples would be entered in a random $500 drawing. If couples agreed to participate in the study, 45-minute telephone interviews were scheduled with each spouse. Female interviewers who were trained according to protocols outlined in the Institute of Social Research Interviewer Training Manual (Guenzel, Berckmans, & Kannell, 1983) conducted the interviews. Each member of a couple was assigned a different interviewer in order to protect subjects’ confidentiality. During these interviews, information was gathered pertaining to marital adjustment, and respondent and
family demographics. With the respondent's permission, the interview was taped and later transcribed.

Following the interviews, respondents were mailed a packet of self-report measures, as well as a set of structured diaries to be completed two times per day over a period of one week. The diaries assessed bi-daily marital tension levels, the most bothersome stressor of the day, the perceived seriousness of this stressor, and the coping strategies used by the individual in response to the stressor. Respondents were requested to complete these materials after both spouses had been interviewed and to return them in the stamped envelopes provided. In the instructions accompanying the materials, the importance of each spouse completing these materials independently was emphasized. The instructions read: "We ask that you and your spouse complete all of the study materials separately and that you do not discuss your responses with one another until after the materials have been returned to us." Each spouse was also provided with a number of adhesive tabs with which to seal each diary entry after completion. These measures were intended to reduce the likelihood of collusion between spouses.

Interview Measures

Marital adjustment was measured using the Dyadic Adjustment Scale (DAS) (Spanier, 1976), a frequently-used self-report instrument designed to assess global marital adjustment. This measure assesses both the occurrence of positive and negative relationship events, as well as the respondent's perception of the relationship quality. Fincham and Bradbury (1990) have argued that both of these factors must be assessed to capture adequately marital adjustment. Spanier (1976) reported an overall reliability for the scale of .96. The DAS has also been demonstrated to have concurrent validity. It correlates .86 with the Locke-Wallace Marital Adjustment Scale (Locke & Wallace, 1959), and has also been shown to distinguish between married and divorced couples (Spanier, 1976). It is widely used in research to discriminate between distressed and nondistressed couples (Jacobson, Schmaling, Holtzworth-Munroe,

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1 The diary was originally designed to be completed three times a day for two weeks. However, due to the low return rate, it was shortened to twice a day, for one week.
Katt, Wood, & Follette, 1989). In the present sample, the internal reliability (coefficient alpha) of the scale was .92 for husbands and .89 for wives.

Because of the high intercorrelations among the sub-scales, a number of researchers (e.g., Kazak, Snitzer, & Jarmas, 1988; Thompson, 1988), including Spanier himself (Spanier, 1988), have argued that the DAS is best used as a summary measure of marital adjustment, rather than a measure of separate dimensions of marital adjustment. Thus, the total DAS score was used in the present study.

Slight modifications were made to the scale to make it appropriate for telephone administration. These changes included: minor rewording of several questions, and altering the Likert response options from the original 6-point scale, which ranged from always agree to always disagree, to a 5-point scale ranging from never disagree to usually disagree. The scale alteration was made so that the DAS response scale would be the similar to the other Likert scales included in the interview, all of which were 5-point. In addition, three items from the original scale were dropped. "How often do you disagree about matters of recreation" was deleted as it was felt to be redundant with the item, "How often do you disagree about leisure time interests and activities?" "Do you and your mate engage in outside interests together?" (on a scale from all of them to none of them) was omitted in order to reduce the likelihood of subject confusion due to a change in response scales. Finally, "Which of the following statements best describes how you feel about the future of your relationship?" (followed by six possible statements to be read to the subject) was excluded because the number of response options would have been difficult for subjects to keep in mind, without having visual access to the list of possible responses.

The DAS scores were computed by calculating the mean of the 29 scale items. Negatively phrased items were recoded so that all items were rated on a scale from never disagree (1) to usually disagree (5). For subjects with missing items, the mean was calculated out of the number of items complete. Only five of the 156 subjects had missing items on the DAS and, of these five, only one subject had more than one item missing.

Various respondent and family demographics were also assessed during the interview. Total family income was included in the present study as a proxy for socioeconomic status.
The mean for wives was $76,520 (S.D. = 50.6), and the mean for husbands was $79,909 (S.D. = 52.0). This difference in husbands' and wives' reports was not statistically significant using a paired t-test ($t = -1.57, p = .12$). Socioeconomic status was felt to be important to include as a control variable because it has been found to influence both the types of coping strategies people use, as well as the efficacy of these strategies (Holahan & Moos, 1987a; Menaghan, 1982; Pearlin & Schooler, 1978).

**Diary Measures**

Marital tension was assessed twice daily in the diary by the following question: "So far today/since your last diary entry, how much tension or conflict has there been in your relationship with your spouse?" Responses were on a 5-point Likert scale ranging from 1, *does not apply*, to 5, *a lot*.

Coping strategies were measured by means of a revised version of the Ways of Coping scale (WOC) (Folkman et al., 1986a). This scale contains items measuring eight types of cognitive and behavioral coping strategies that people use to manage stressors. Subjects are asked to describe a particular stressful incident and, then, to indicate the extent to which they used each of a series of strategies to manage the stressor. The extent of coping is rated on a scale from *not at all/does not apply* (1) to *a lot* (3). The strategies were derived from factor analysis of a set of coping strategies suggested by theory and research (Lazarus & Folkman, 1984). The strategies have been described at length in the previous section reviewing research findings related to each of the eight strategies.

The factor structure of the scale has been found to be stable across a number of different studies using a variety of respondent groups coping with various stressful situations. The structure has been replicated using: students coping with exams (Folkman & Lazarus, 1985), adults coping with loneliness (Revenson, 1981), nurses coping with distressing life events (Parkes, 1984), and married couples managing daily stressors (Folkman et al., 1986a). Among the sample of married couples, the eight factors comprising the scale were found to have internal reliabilities in the range of .61-.79 (Folkman et al., 1986a).

The brief WOC is the result of preliminary psychometric work that was completed on three previous data sets (Bishop, 1990; DeLongis & Kessler, 1986; O'Brien, 1992). The brief...
WOC contains 28 items tapping the coping strategies proposed by Folkman and her colleagues. The three top-loading items for each of the eight WOC scales are included. In the present study, reliability of the WOC was calculated in two ways. Because the coefficient alpha formula for reliability multiplies the estimate of reliability by the number of subjects in the sample (Anastasi, 1982), it was not appropriate to use more than one timepoint per subject, as this would have inflated the reliability estimate. Therefore, reliability was first calculated using subjects' item means across all days. For husbands, this yielded an overall reliability for the WOC of .84. For wives, the alpha was .89. Similar values were found when reliability was calculated using one randomly selected day per subject.

The eight coping subscales and three items for each subscale of the brief WOC are listed below. The internal reliability of each scale found in the present sample (based on subject means, as described above) is also presented. Slight modifications were made in the wording of the items to make them appropriate for use in this diary study.

Planful problem-solving ("deliberate problem-focused efforts to alter the situation"--Folkman et al., 1986a, p. 995) is measured in the brief WOC by the following items: "I made a plan of action," "I increased my efforts to make things work," and "I concentrated on what I had to do next to solve the problem." The internal reliability of this scale was .88 for wives and .77 for husbands.

Confrontive coping ("aggressive efforts to alter the situation"--Folkman et al., 1986a, p. 995) is tapped by these items: "I stood my ground and fought for what I wanted," "I expressed anger to the person(s) who caused the problem," and "I tried to get the person responsible to change his or her mind." The internal reliability found was .82 for wives and .80 for husbands.

Escape-avoidance (a coping strategy which "describes wishful thinking"--Folkman et al., 1986a, p. 995) scale items include: "I wished the situation would go away or somehow be over," "I hoped a miracle would happen," and "I had fantasies about how things might turn out." An internal reliability of .82 was obtained for wives, and .71 for husbands.

Distancing (a strategy which "describes efforts to detach oneself"--Folkman et al., 1986a, p. 995) is represented in the brief WOC by these items: "I went on as if nothing
happened," "I refused to get too serious about the situation; I tried to laugh about it," and "I didn't let it get to me; I refused to think about it too much." The internal reliability of this scale was .76 for wives and for husbands.

Self-control ("efforts to regulate one's own feelings and actions"--Folkman et al., 1986a, p. 995) is tapped by the following items: "I tried to keep my feelings to myself," "I tried to keep my feelings from interfering with other things," and "I tried to keep others from knowing about the problem or about my feelings." This scale had an internal reliability of .63 for wives and .70 for husbands.

Accepting responsibility (a strategy by which one "acknowledges one's role in the problem with a concomitant theme of trying to put things right"--Folkman et al., 1986a, p. 995) is measured by these statements: "I realized I brought the problem on myself," "I made a promise to myself that things would be different next time," and "I criticized or lectured myself." The internal reliability was .71 for wives and .70 for husbands.

Seeking social support ("efforts to seek informational support, tangible support, and emotional support"--Folkman et al., 1986a, p. 995) is represented on the brief WOC by these three items: "I asked someone I respected for advice," "I talked with someone not involved about the problem," and "I talked with the other person involved about the problem." The internal reliability of this scale was found to be quite low in the present sample: .33 for husbands and .42 for wives (versus an alpha of .76 found by Folkman et al., 1986a). Examination of the change in the alpha if each item was deleted revealed that the last item "talked with the other person involved" was significantly reducing the internal reliability of this scale. When this item was deleted, the alpha for the scale rose to an acceptable level (.69 for husbands and .70 for wives). Therefore, only two items were used to represent seeking social support in the present study.

Positive reappraisal (which "describes efforts to create positive meaning by focusing on personal growth"--Folkman et al., 1986a, p. 995) was assessed by the following three items: "I prayed or found faith in God or my religion," "I tried to see things in a better light," "I thought about how things could be worse." The latter two items were revised slightly from the original WOC items for the purposes of the present study. Unfortunately, the three items were
found to have an internal reliability of only .43 for wives and .37 for husbands. Therefore, the scale was dropped from further analyses.

Scale scores on the WOC were calculated by taking a mean of the three scale items (two for social support). For subjects with missing data, these scores were based on the number of scale items complete for that timepoint. Only five of the 156 subjects had missing items for any of the days on which they reported stressors. Scale means were also calculated for each subject across all timepoints on which stressors were reported. These means were computed for both raw scores and relative scores.

Raw scores are defined as "the frequency of efforts used on a specific strategy," (Vitaliano, Maiuro, Russo, & Becker, 1987, p.2). By contrast, relative scores measure how frequently a specific coping strategy is utilized relative to the total amount of coping effort made by the individual. Relative scores were proposed by Vitaliano and his colleagues (Vitaliano et al., 1987) as a means to distinguish general coping effort (i.e., a general tendency to cope using a variety of coping strategies) from specific coping effort (i.e., a tendency to cope using a specific coping strategy). These researchers argue that because "raw scores do not take account of individual differences in overall coping effort (i.e., total efforts across all scales) ... they ignore the relations between specific (scale) and overall strategies," (Vitaliano et al., 1987, p.5). They found that the type of scores used can influence the results obtained in coping studies. When they compared the relation between coping and depression using relative scores to that obtained using raw scores, Vitaliano et al. found very different results.

To obtain the fullest possible picture of coping in the present study, analyses were conducted using both raw and relative scores, where appropriate. As will be discussed, both similarities and differences were found in the obtained with each type of score.

The most bothersome daily stressor was also assessed in the diary. The following instructions were provided: "Please describe briefly the most bothersome event or problem you had with someone in your family today. It might have been something as minor as your child's distress over something that happened at school or it might have been a major argument or disagreement. Whatever your most serious family problem was today (no matter how minor or trivial it may seem to you), please describe it here." Responses to this question were
coded into three categories: parenting stressors (e.g., "My son has not been completing his homework"), marital stressors (e.g., "I criticized my husband because I feel that he leaves all the work to me"), and other stressors (e.g., "We are renovating our house"). Coding was completed by a trained undergraduate. Ten percent of the data was also recoded by the author of the present study as a reliability check. Using Cohen's kappa, an interrater reliability rate of .98 was obtained.

Stressor type was included as a control variable because previous research has found that people tend to utilize different coping strategies depending on the type of stressor with which they are coping--work-related, family-related, financial, etc. (Folkman et al., 1986a). In addition, the type of stressor with which one is coping may influence the success of one's coping efforts (Pearlin & Schooler, 1978).

Finally, it should be noted that there were an additional 66 couples who did not complete all of the study materials. This represents a study completion rate of 54%. The majority of the subjects who did not complete the study took part in the telephone interview but did not return other measures which were sent to their homes (including the daily diary). These subjects were compared to those who completed all measures on several demographic variables. The couples who failed to complete the study did not differ significantly from completers on income (t = -.48, p = .63), educational background (t = .06, p = .95), or total number of children (t = -1.78, p = .08). However, subjects who failed to complete the study did report significantly lower marital adjustment (M = 2.07, S.D. = .50) than those who finished the study (M = 1.95, S.D. = .44; t = 2.19, p = .03).²

Results

Statistical analyses were conducted as described below. To account for the nonindependence of spouses' data, analyses were conducted in parallel for husbands and wives. Although no formal hypotheses were made regarding gender differences, the possibility of gender differences in all variables of interest was explored.

² Note that higher DAS scores represent lower marital adjustment.
To account for the large number of preliminary tests conducted, a conservative probability level of .01 was used for analyses that did not directly test the study's hypotheses. For the central tests of the study's hypotheses, the p value was set at .05.

Univariate analyses

Means and standard deviations were calculated for the DAS, daily marital tension, and the individual WOC scale means. Husbands' and wives' reports on each of these variables were compared using paired t-tests. Results of these analyses are presented in Table 1 (DAS and tension), Table 2 (raw WOC subscales), and Table 3 (relative WOC subscales).

(a) DAS and daily marital tension. The mean for husbands on the DAS was 1.96 (S.D. = .46) (where 1 represents never disagree and 5 indicates usually disagree). For wives, the mean was 1.94 (S.D. = .42). Husbands and wives did not differ significantly in the level of marital adjustment reported (t = -.44, p > .10).

Next, husbands' and wives' mean marital tension reports were compared. Wives reported significantly higher levels of evening marital tension (M = 1.47, S.D. = .38) than did their husbands (M = 1.35, S.D. = .37; t = 2.89, p < .01).

(b) Coping scales. In order to examine differences in spousal reports of coping, Hotelling's $T^2$ statistics were conducted using the seven WOC subscales as dependent variables. This procedure was done first using raw scores (Table 2). Wives' reports of coping were significantly higher across the seven WOC scales than were their husbands' reports ($T^2 = 3.05, p < .01$). To specify on which of the seven WOC subscales the wives and husbands differed, follow-up individual paired t-tests were conducted. Using a probability level of $p < .01$, none of the individual comparisons were significant, although two comparisons did approach significance: confrontive coping ($t = 2.43, p < .05$) and escape-avoidance ($t = 2.48, p < .05$). Examination of husbands' and wives' means on each of the scales revealed slightly higher means for wives on all of the scales except accepting responsibility.

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3 Note that all of the analyses except the repeated measures multiple regression were conducted on the full sample of 78 couples. The number of timepoints used varied by couple-only those days on which both spouses reported a stressor were included in the analyses, as these were the only days for which coping data was available. The number of days on which a stressor was reported by both spouses ranged from one to 14. The mean was 4.8.
Parallel analyses were conducted using relative scores (Table 3). The Hotelling's $T^2$ conducted with the relative scores approached significance using the criterion of $p < .01$ ($F = 2.22, p < .04$). Follow-up paired $t$-tests on each of the individual scales indicated that husbands ($M = .12, S.D. = .018$) reported using a significantly greater proportion of accepting responsibility than did their wives ($M = .11, S.D. = .015; t = 3.5, p = .001$). All other pairwise comparisons were nonsignificant indicating husbands and wives reported nearly identical proportions of coping strategies.

(c) Stressor type. Next, frequencies were examined for the daily family stressors (see Table 4). The stressors described by wives were 27.7% marital, 61% parenting, and 11.3% other. Husbands reported stressors with the following frequencies: 28.2% marital, 57.9% parenting, and 13.8% other. A chi-square test conducted to compare husbands' and wives' stressor frequencies indicated no significant gender differences for frequency of stressor type reported ($\chi^2 = 2.20, p > .10$).

Bivariate analyses

(a) Coping scale intercorrelations. Intercorrelations among respondents' and spouses' coping scale means were examined next. Table 5 presents the intercorrelations among the means of respondents' reported raw coping scores. For wives, 10 of the 21 correlations were significant at $p < .01$. All of the significant correlations indicated positive relationships and were as follows: distancing and self control ($r = .39, p < .001$); self control and accepting responsibility ($r = .52, p < .001$); self control and escape avoidance ($r = .65, p < .001$); problem solving and accepting responsibility ($r = .42, p < .001$); problem solving and seeking social support ($r = .31, p < .01$); problem solving and escape avoidance ($r = .39, p < .001$); accepting responsibility and escape avoidance ($r = .65, p < .001$); confrontive coping and problem solving ($r = .57, p < .001$); confrontive coping and accepting responsibility ($r = .37, p < .001$); and confrontive coping and escape avoidance ($r = .50, p < .001$).

The pattern of intercorrelations among husbands' subscale scores was also examined. A total of 6 of the 21 scales were significantly intercorrelated for men. Again these correlations were all positive: distancing and self control ($r = .29, p < .01$); self control and
accepting responsibility ($r = .47, p < .001$); self control and escape avoidance ($r = .47, p < .001$); problem solving and accepting responsibility ($r = .48, p < .001$); problem solving and seeking social support ($r = .40, p < .001$); and accepting responsibility and escape avoidance ($r = .55, p < .001$).

Only 1 of the 21 correlations differed significantly between husbands and wives at $p < .01$: problem solving and confrontive coping were significantly and positively correlated for wives ($r = .57, p < .001$) but not for husbands ($r = .17, p > .10; z = 2.92, p < .01$).

Table 6 describes the intercorrelations among respondents' relative score coping means. The pattern of results appears different from those obtained with raw scores. For wives, 7 of the 21 correlations examined reached significance at $p < .01$. These significant associations were all negative in direction and are expressed as proportions of the specific coping strategy reported: confrontive coping and distancing ($r = -.35, p < .01$); confrontive coping and self control ($r = -.43, p < .001$); distancing and problem solving ($r = -.34, p < .01$); distancing and escape avoidance ($r = -.34, p < .01$); self control and problem solving ($r = -.47, p < .001$); problem solving and escape avoidance ($r = -.34, p < .01$); and social support and escape avoidance ($r = -.34, p < .01$).

For husbands, 4 of the 21 intercorrelations based on relative scores were significant. Again, all of these correlations were negative. Three of these correlations were the same as those that were significant for wives: confrontive coping and accepting responsibility ($r = -.59, p < .001$), distancing and escape avoidance ($r = -.33, p < .01$), and self control and problem solving ($r = -.38, p < .001$). In addition, the association between accepting responsibility and confrontive coping ($r = -.59, p < .001$) was significant for husbands.

The possibility of gender differences between relative score correlations was also considered, using $r$ to $z$ score transformations. One of the 21 correlations (Table 6) was significantly different for husbands and wives: confrontive coping and accepting responsibility were negatively but nonsignificantly related for wives ($r = -.25, p > .05$) and negatively and significantly correlated for husbands ($r = -.59, p > .001; z = 2.60, p = .01$). Note that as with the raw scores, this difference is related to the confrontive coping scale.
The intercorrelations among respondents' and spouses' coping means on each of the seven scales were also examined for both relative and raw scores (Table 7). With raw scores, 10 of the 49 correlations were significant. All of these were positive in direction. The following correlations were significant: wives' confrontive coping and husbands' confrontive coping ($r = .48, p < .001$); wives' confrontive coping and husbands' problem solving ($r = .29, p < .01$); wives' self control and husbands' self control ($r = .43, p < .001$); wives' self control and husbands' accepting responsibility ($r = .29, p < .01$); wives' problem solving and husbands' confrontive coping ($r = .35, p < .01$); wives' accepting responsibility and husbands' accepting responsibility ($r = .43, p < .001$); wives' escape avoidance and husbands' confrontive coping ($r = .28, p < .01$); wives' escape avoidance and husbands' self control ($r = .38, p < .001$); wives' escape avoidance and husbands' problem solving ($r = .35, p < .001$); and wives' escape avoidance and husbands' accepting responsibility ($r = .28, p < .01$).

When relative scores were considered, 4 of the 49 correlations were significant. Again, relative scores are expressed as proportions of the specific coping strategy reported. Significant positive correlations were: wives' confrontive coping and husbands' confrontive coping ($r = .32, p < .01$); wives' self control and husbands' self control ($r = .30, p < .01$); and wives' accepting responsibility and husbands' accepting responsibility ($r = .40, p < .001$). However, wives' accepting responsibility was negatively associated with husband confrontive coping ($r = -.31, p < .01$).

(b) Marital adjustment and mean marital tension. The correlation between respondent reports of marital adjustment, as assessed by the DAS, and respondent reports of mean evening marital tension was also assessed. These correlations were not significant for husbands ($r = .17, p = .13$) or for wives ($r = .20, p = .08$).

(c) Coping scales and marital adjustment. Next, the bivariate relations between each coping scale mean and scores on the DAS were examined for both husbands and wives (Table 8). Using raw scores, only 2 of the 28 correlations between mean coping and marital adjustment were significant at $p < .05$. Wife seeking social support was positively associated with husband marital tension, husband self control coping was positively related to husband
DAS ($r = .22, p < .05$). Only one of the correlations using relative scores attained significance: husband mean relative problem solving was negatively related to husband DAS ($r = -.24, p < .05$).

As a whole, these results indicate that neither mean respondent nor mean spouse coping was related to the reported marital adjustment of husbands or wives. Because no relation was found between reported DAS and coping at the bivariate level, follow-up multivariate analyses of coping and marital adjustment were not pursued.

(d) Coping scales and marital tension.

Table 9 presents the correlations between mean marital tension and coping scale means. These analyses were conducted in order to better understand the multiple regression that follows.

Using raw scores means, husbands' reports of coping were significantly and positively associated with husbands' reports of marital tension for three of the seven scales at the $p < .05$ level: husband self control ($r = .34, p < .01$), husband confrontive coping ($r = .27, p < .05$), and husband accepting responsibility ($r = .23, p < .05$). Five of the wives' seven coping scales were significantly and positively correlated with wives' reports of marital tension at $p < .01$: wife self control ($r = .31, p < .01$), wife problem solving ($r = .31, p < .01$), wife escape avoidance ($r = .45, p < .001$), wife confrontive coping ($r = .23, p < .05$), and wife accepting responsibility ($r = .25, p < .05$).

Several forms of spouse coping were also significantly correlated with respondents' marital tension reports. Wife problem solving ($r = .35, p < .01$) was positively correlated with husband mean tension, wife confrontive coping and husband mean tension were positively correlated ($r = .22, p < .05$), and husband self control ($r = .34, p < .01$) and husband confrontive coping ($r = .28, p < .01$) were both positively correlated with mean wife marital tension.

The correlations between husbands' and wives' reports of coping and marital tension were also examined using relative scores (Table 9). For husbands, two of the seven scales were significantly associated with mean husband marital tension: husband seeking social support was negatively associated with husband tension ($r = -.28, p < .01$), and husband
distancing was also negatively associated with husband tension \((r = -.25, p < .05)\). For wives, two of the seven scales were significantly correlated with wife marital tension: wife distancing was negatively associated with wife tension \((r = -.30, p < .01)\) and wife escape avoidance was positively associated with wife tension \((r = .39, p < .001)\). Two of the spouses' coping scales were significantly correlated with respondent marital tension: wife distancing and husband tension \((r = -.25, p < .05)\) and wife problem solving and husband tension \((r = .27, p < .05)\).

Spousal differences in the correlations between reports of coping and marital tension were also examined. Husbands' and wives' correlations between mean coping and mean marital tension were significantly different for two scales. Wife relative escape avoidance was positively correlated with wife marital tension \((r = .39, p < .001)\) but husband relative escape avoidance was not significantly correlated with husband marital tension \((r = -.05, p > .05, z = 2.05, p < .05)\). Wife relative self control was positively associated with husband tension \((r = .21, p > .05)\), while husband relative self control was negatively related to wife tension \((r = -.15, p > .05, z = 2.23, p < .05)\).

e) Correlation power analyses. Analyses were conducted to determine to the amount of power that was available to detect effect sizes in the range obtained in the preceding analyses (see Table 10). The results of these analyses indicated that for an effect size of .30, using a probability level of .05, the power was .77. For a correlation of .20, the power was only .42.

Multivariate analyses

The central hypotheses of the study were addressed in a repeated measures multiple regression analysis. This analysis investigated whether respondent reports of coping, spouse reports of coping, and interactions of spouses' coping accounted for unique variance in daily marital tension.

Repeated measures multiple regression (Edwards, 1979; Pedhazur, 1982) is a procedure that allows within-subject variation in the dependent variable to be examined across time. This is accomplished by partialling out variance accounted for by individual differences (between subjects) before entering the independent variables of interest. Statistically, this is done by computing a subjects factor (Edwards, 1979). A subjects factor is the sum of each
subject's scores on the dependent variable across all timepoints (here, marital tension as reported across four timepoints). The variance unexplained after accounting for these individual differences is the within subject fluctuations in the dependent variable.

Trial variables are also entered prior to the independent variables of interest to partial out any order effects. Trial variables are computed by dummy coding (k-1) trials (Pedhazur, 1982).

Four trials per subject were used for the analyses in the present study. This number was selected on the basis of several considerations. To qualify for inclusion in the repeated measures analyses, not only did subjects need to have completed at least two diary entries, but it was also necessary to have information from both spouses on the same day. Of the 78 couples who completed some portion of the diary, 62 had at least two entries complete for both spouses on the same day. In addition, repeated measures analysis requires that all subjects are represented by the same number of timepoints. Considering all of these constraints, and taking into account the degrees of freedom for repeated measures multiple regressions, (k-1)(n-1), it was determined that maximal power would be obtained using a subsample of 55 couples who had completed four timepoints. For those subjects who had completed more than four timepoints, the four timepoints to be used in these analyses were randomly selected.

The sub-sample of 55 couples was compared to the larger sample of 78 couples on a number of demographic variables. These two groups differed significantly on two variables. Couples who had four or more days on which they both reported a stressor had significantly fewer children (M = 3.2, S.D. = 1.56) than those couples who did not report stressors on four or more days (M = 4.1, S.D. = 1.08; t = 2.81, p < .01). Those couples who reported stressors on four or more days also reported lower marital adjustment (M = 2.00, S.D. = .424) than did those who did not report four or more days with stressors (M = 1.78, S.D. = .389; t = 2.20, p < .05).

The repeated measures regression was conducted using raw scores only. The analysis was not repeated using relative scores because the information provided by simultaneously entering all of the scale scores would have been redundant with the information provided by
proportional scores. The dependent variable in the repeated measures regression was respondent marital tension, as reported in the evening. In the first step of this analysis, the three trial variables were entered. The subjects variable (sum evening tension) was entered on step two. In order to control for prior levels of tension, marital tension, as reported in the morning, was also entered on this step. Stressor type was entered on a third step. Because stressor type was a categorical variable, it was dummy coded, as were the trial variables (Pedhazur, 1982). Only two stressor variables, marital stressors and parenting stressors, were included. Initial analyses revealed that neither the correlation between wives' mean marital tension and family income reported by wives ($r = .04$, $p > .10$) nor the correlation between husbands' mean marital tension and family income reported by husbands ($r = -.20$, $p > .05$) attained significance at $p < .01$ (or $p < .05$). Therefore, income was not included as a control variable in the multiple regression analyses. On step four, respondent coping on each of the seven scales was entered as a block. Step five consisted of spouse coping on the seven scales. In a sixth step, the ten interactions about which predictions were made were entered as a step. However, neither the $R^2$ change nor any individual standardized regression coefficients for the interactions were significant, so this step is not presented.

The results of the regression conducted with raw scores are presented in Table 11. For husbands reported marital tension, the standardized regression coefficients (betas) of the three trial variables were all significant at $p < .05$. These coefficients were as follows: trial 3, beta = -.27 ($p < .001$), trial 2, beta = -.24 ($p < .01$), and trial 1, beta = -.23 ($p < .01$). The $R^2$ change for the step, .06, was also significant at $p < .05$. With wife reported marital tension as the outcome variable, the $R^2$ change for the trial variables was not significant ($p > .05$). The individual betas for each trial variable did attain significance, however. The betas for these variables were all -.18 ($p < .05$).

These results indicate that, for husbands, having information about the order of all the timepoints\(^4\) allowed better prediction of fluctuations in daily marital tension than would have

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\(^4\) Note that the timepoints (trials) used in the repeated measures analysis were randomly selected from those on which stressors were reported by both spouses. Therefore, trial 1, for instance, does not necessarily indicate a subject's first trial in the study. Instead, it represents the first of the four trials that were randomly selected for that subject.
been possible without this information. For wives, having information about the order of all
timepoints did not allow a significantly greater proportion of the variance in marital tension to
be explained.

In step two, the subjects variable (sum evening tension) and morning tension were
entered. The two variables together explained 31% (p < .001) of the variation in husbands'
tension. The betas were significant for sum evening tension, but there was no independent
effect for morning tension: subjects variable, (beta = .53, p < .001); morning tension, (beta
= .09, p > .05). For wives, the results of this step were similar. The R² change was .34 (p
< .001). However, for wives, both sum tension (beta = .54, p < .001) and morning tension
(beta = .12, p < .05) had significant, independent effects. Not surprisingly, these findings
indicate that sum evening tension explained a large amount of the variation in evening tension
for both husbands and wives. Morning tension did not explain a significant, independent
amount of variation in husbands' evening tension. However, it did explain a significant
amount of variation in wives' tension. Together, these two variables accounted for a very
large proportion of the variance in evening tension for both husbands and wives.

Stressor type was entered in the third step. For husbands, parenting and marital
stressors together accounted for 7% of the variance in evening marital tension (p < .001).
The standardized regression coefficients were: parenting stressors (beta = -.07, p > .05);
marital stressors (beta = .22, p < .01). For wives, these two variables accounted for 8% of
the variance in evening marital tension (p < .001). The standardized regression coefficients
were: parenting stressors (beta = -.05, p > .05); marital stressors (beta = .25, p < .01).
These results indicate that together, marital and parenting stressors explained a significant
proportion of the variation in evening marital tension, after controlling for the variables
entered on the two prior steps. However, only marital stressors accounted for significant,
independent amounts of variance in tension. This suggests that for both husbands and wives,
presence or absence of a marital stressor was a significant, independent predictor of marital
tension reports. However, presence or absence of parenting stressors did not independently
predict variation in marital tension.
Respondents' coping on the seven scales was entered as a block in step four of the regression. For husbands, this group of variables explained 6% of the variance in evening marital tension \((p < .01)\) after partialling out the variance accounted for by the control variables. Only one of the scale betas had a significant, independent effect: higher levels of accepting responsibility were associated with higher levels of tension, \((\beta = .12, \ p < .05)\). For wives, the seven scales entered as a block also had an \(R^2\) change of 6\% \((p < .01)\). Four of the betas were significant: higher levels of escape avoidance were associated with higher levels of tension \((\beta = .16, \ p < .01)\), higher levels of distancing were associated with lower levels of tension \((\beta = -.11, \ p < .05)\); higher levels of confrontive coping were associated with higher levels of tension \((\beta = .13, \ p < .05)\); and higher levels of problem solving were associated with lower levels of tension \((\beta = -.11, \ p < .05)\).

Step five consisted of the spouse's coping on each of the seven scales. The \(R^2\) change values for this step were not significant for husbands \((R^2 = .02, \ p > .05)\) or for wives \((R^2 = .03, \ p > .05)\). Three of the individual standardized regression coefficients attained significance. High levels of wife distancing were negatively associated with high levels of husband tension \((\beta = -.13, \ p < .05)\), high levels of wife self control were positively associated with high levels of husband tension \((\beta = .13, \ p < .05)\), and high levels of husband confrontive coping were positively associated with high levels of wife tension \((\beta = .13, \ p < .05)\).

Each of the standardized regression coefficients were compared for husbands and wives (using a \(t\)-test for comparing betas) to investigate the possibility of gender differences. No significant differences were found.

Finally, as was noted previously, the coping interactions about which predictions were forwarded were entered as a block in a sixth step. Neither the \(R^2\) change for the block of interactions \((\text{wives: } R^2 \text{ change } = .03, \ p > .10; \text{husbands: } R^2 \text{ change } = .02, \ p > .10)\) nor any of the individual standardized regression coefficients were significant for this step \((p > .10\) for all). Therefore, this information was not included in Table 11.

Power analyses were also conducted for the repeated measures multiple regression (see Table 12). These analyses indicated that for the steps on which the control variables were
entered, the power was 1.00. For the step in which respondent coping was entered, power was .91. For spouse coping, the power available was .50. Finally, for the interaction terms, entered in the last step, the available power was .43.

Discussion

This study provided limited evidence of a relation between day-to-day coping and marital tension. In particular, individuals' reports of their own coping were related to the amount of daily marital tension they reported, even after taking into account their earlier tension levels and the kind of stressor the person was managing. However, spouses' reports of their own coping were not related to their partners' reports of marital tension, after considering the effects of the partners' coping and earlier tension levels, and the type of stressor involved. Likewise, combinations of spouses' coping strategies were not related to husbands' or wives' marital tension reports after considering each spouse's coping, earlier marital tension, and the type of stressor reported. The present study also yielded no evidence of a relation between reports of day-to-day coping and overall marital adjustment.

The relation between daily marital tension and overall marital adjustment will be discussed first. Then, the findings pertaining to daily marital tension and coping will be considered. A discussion of marital adjustment and coping will follow. Finally, gender differences across all analyses will be addressed.

Overall marital adjustment and daily marital tension

Identical predictions were made about overall marital adjustment and day-to-day marital tension. However, reports of marital adjustment and marital tension were not significantly related to one another.

One explanation for this finding is that the lack of relation between marital adjustment and marital tension was an artifact of self report biases. One of the main drawbacks of using self-report measures is that it is impossible to verify the information gathered. Reported behaviors and events cannot be distinguished from veridical behaviors and events. Therefore, potential inaccuracy of self-report measures must be considered.

The differences between daily tension and overall marital adjustment might have occurred because participants' reports of marital adjustment were less honest than were their
reports of daily marital tension. Because the marital adjustment measure was administered over the telephone by a stranger, some people may have felt uncomfortable responding openly to these questions. Therefore, they may have exaggerated their reports of marital satisfaction. In contrast, people may have felt more comfortable responding honestly in the daily diaries, which they completed in the privacy of their own homes. Such hypothetical differences in responses to the two measures could account for their apparent lack of relation.

Conversely, it is also possible that people responded less honestly to the marital tension question than to the marital adjustment scale. In spite of measures taken to protect the confidentiality of spouses' diaries (adhesive tabs were provided to seal each entry), participants may have under-reported marital tension levels for fear of their spouses seeing their responses. If people did respond less honestly to this measure than to the marital adjustment questions, a true relation between marital adjustment and tension might have been obscured.

It is also possible that recall error affected the results of the present study. Research has shown that people are generally not very accurate at recalling events, moods, or thoughts (DeLongis, Hemphill, & Lehman, 1992). The marital adjustment scale used in the present study required people to recall the frequency with which a variety of events and thoughts occurred over the six months prior to the interview. Because of the substantial time interval involved, it is quite possible that people's responses to this measure were somewhat inaccurate.

Retrospective contamination is one form of recall bias that may have influenced participants' responses to the marital adjustment scale. This phenomenon occurs when people's recollections of past events are influenced by such factors as saliency of past events, current mood, and cultural stereotypes (DeLongis, Hemphill, & Lehman, 1992). In the present study, memories could have been filtered through cultural stereotypes regarding "normal" or ideal marital relationships. This is one way in which recall biases could have led to the high levels of marital adjustment observed. If retrospective contamination did occur, it is much more likely to have affected reports of overall marital adjustment than daily marital tension ratings. Thus, the reports of marital adjustment obtained in the present study may have been less accurate than the reports of marital tension. Again, such a discrepancy might have masked true similarities between the two measures.
If participants' reports are accepted at face value, a number of other explanations for the lack of relation found between daily marital tension and marital adjustment are possible. It may be that daily marital tension and marital adjustment are simply less similar than was originally believed. The same predictions were made about overall marital adjustment and daily marital tension because they were conceptualized as similar constructs differing mainly in terms of stability (marital adjustment being more stable and marital tension being more reactive to daily changes). However, these stability differences may have been more critical than anticipated. While day-to-day variations in marital tension were related to daily coping in the present study, overall marital adjustment may have been too stable to be influenced by coping.

Due to its fairly stable nature, overall marital adjustment is frequently used as a long-term outcome measure (Spanier, 1976). In contrast, day-to-day marital tension is a short-term outcome measure. Although the longitudinal relations between coping and marital outcomes were not explored in the present study, the differences found between the relations of overall marital adjustment and daily tension to coping are consistent with discrepancies that have been reported between long and short-term outcomes associated with coping. Gottman and Krokoff (1989) found that disagreement and anger exchanges were associated with concurrent unhappiness, but predicted later improvement in marital satisfaction. This finding demonstrates the importance of distinguishing between immediate and more long-term outcomes associated with coping.

Temporal stability may not be the only respect in which marital tension and adjustment differ. Overall marital adjustment, as measured by the Dyadic Adjustment Scale, includes a variety of components. Specifically, Spanier (1976) has distinguished four facets of marital adjustment: affectional expression, satisfaction, consensus, and cohesion (Spanier, 1976). In contrast, day-to-day tension is only one aspect of a marital relationship. Marital tension seems to contain components of both affectional expression and consensus, as measured by the DAS. The difference in comprehensiveness of overall marital adjustment and daily marital tension may be one reason why the overlap between the two measures was not as great as originally hypothesized.
It may also be that for couples who are generally content with their marriages (as most couples in this study reported being), occasional, low levels of tension have little effect on their overall evaluation of the marital relationship. These couples might view occasional tension as normal and healthy. Thus, day-to-day marital tension could be unrelated to marital adjustment in happily married couples. It is also possible that remarried couples are less distressed by occasional marital tension than are first-married couples. Because of their prior marital experiences, they may be aware that minor marital tension is a natural part of a relationship. In addition, remarried couples may be more committed than first-married couples to resolving daily marital conflicts and preventing future marital difficulties.

**Daily marital tension and coping**

*Individuals' marital tension and coping reports.* The results of this study indicated that how an individual copes with daily family stressors is related to his or her daily marital tension levels. Several different analyses were conducted to examine this relation fully. At the bivariate level, the correlations between tension and both raw and relative coping scores were considered. Multivariate analyses were also conducted using raw scores. Each of the three analyses provided unique information about the relation between coping and tension. The results obtained across these different analyses may initially appear incongruous. However, most of the apparent discrepancies in results can be understood when the distinctions among the various purposes and scopes of the analyses are considered. An example should help illustrate this point. At the bivariate level, using raw scores means, wives' reports of problem solving were significantly and positively correlated with their reports of marital tension. Using relative scores, this relationship was in the same direction, but did not attain significance. However, at the multivariate level, wife problem solving was negatively and significantly related to marital tension. The bivariate results taken in isolation suggest that, for wives, increased reports of problem solving are related to increases in reported marital tension. However, the multivariate findings indicate that once the effects of average and prior tension and stressor type are taken into account, problem solving seems to be associated with reductions in wives' reported marital tension. It may be that these are third variables that mediate the relation between wives' problem solving and marital tension reports. The
multivariate finding is consistent with previous research that has demonstrated a relation between problem solving and the satisfactory resolution of a stressful encounter (Folkman et al., 1986a) and positive emotional states (Folkman & Lazarus, 1988).

In general, the multiple regression analysis probably provides a better approximation of the complex relations between coping and tension than do the bivariate correlational analyses, as it takes into account the effects of such critical factors as prior tension and stressor type. The results of the multiple regression indicated four scales in addition to problem solving that were significantly associated with individuals' marital tension reports: husband accepting responsibility, wife distancing, wife confrontive coping, and wife escape avoidance. These will each be discussed in turn.

Husbands' reports of accepting responsibility were positively associated with their marital tension reports: that is, high levels of accepting responsibility were associated with high levels of marital tension. This result is consistent with Whiffen and Gotlib's (1989) finding that maritally distressed husbands were more likely to use accepting responsibility than nondistressed husbands. However, as was previously noted, one study found a similar coping strategy, behavioral self blame, to be associated with effective adjustment to spinal cord injuries (Janoff-Bulman, 1979). Janoff-Bulman's research did not consider immediate outcomes associated with coping, as was done in the present study. In the present study, coping and marital tension were assessed on the same day, no more than hours apart. As has been noted, there are reasons why the immediate and long-term outcomes associated with a given strategy could vary. Accepting responsibility may be associated with initial distress because of the guilt or frustration likely to be experienced when one feels responsible for causing a problem. However, as Folkman et al. (1986a) have suggested, accepting responsibility may be related to positive long-term outcomes because it facilitates problem solving. In support of this interpretation, accepting responsibility and problem solving were highly intercorrelated in the present study.

It is possible, however, that husbands' reports of accepting responsibility were positively associated with their reports of marital tension because of a response bias. For instance, a subject who had a very negative outlook on life or a low self-image might endorse
all forms of coping he perceived as negative and might also report high levels of marital
tension. One difficulty with this explanation, however, is that it is unclear what a subject
would perceive as constituting "bad coping." Also, because a response set is stable by nature,
and the regression analysis controls for stable between-person differences in tension, it would
be expected that the effects of a negative response set would bear little relation to daily
fluctuations in tension. Therefore, this does not seem to be a very parsimonious or likely
explanation.

Wives' reports of distancing were negatively related to their reports of marital tension:
that is, higher levels of distancing were associated with lower levels of marital tension. In
contrast, Folkman et al. (1986a) found that unsatisfactory resolution of a stressful encounter
was associated with higher levels of distancing. In the Folkman et al. study, outcomes were
measured up to one week after the stressor occurred, unlike the present study. One
interpretation of these differences is that distancing strategies provide an immediate respite
from the problem at hand and therefore decrease marital tension in the short term. However,
in the long term, they interfere with effective problem management and ultimately work to
increase marital tension.

Wives' reports of confrontive coping were positively associated with their reports of
marital tension: that is, higher levels of confrontation were associated with higher levels of
marital tension. This finding is consistent with research that has found confrontive coping to
be associated with low marital satisfaction (Bowman, 1990), chronic marital strain (Ilfeld,
1980), and other negative outcomes (Folkman et al, 1986a; Folkman et al., 1986b; Folkman
& Lazarus, 1988). As noted, however, confrontation in a marital context has been found to
predict long term improvements in marital satisfaction (Gottman & Krokoff, 1989). Thus, it is
possible that confrontive coping leads to immediate discomfort but is ultimately beneficial to
the marital relationship because it allows partners an opportunity to work through their
problems.

Finally, wives' reports of escape avoidance were positively related to their reports of
marital tension: that is, higher levels of escape avoidance were associated with higher levels
of marital tension. Again, this is consistent with research that has found this strategy to be
associated with low marital satisfaction (Bowman, 1990), chronic marriage strain (Whiffen & Gotlib, 1989), and other negative outcomes (Billings & Moos, 1981; Kobasa, 1982; Holahan & Moos, 1987a; Pearlin & Schooler, 1978). Because escape avoidance is a relatively extreme form of emotion-focused coping (e.g., "I hoped a miracle would happen") it may be more likely to occur in response to serious stressors. Thus, the outcomes associated with this strategy may have more to do with the situations in which it is used than with the efficacy of the strategy itself.

**Spouses’ coping and individuals’ marital tension reports.** Although there were several significant relations at the bivariate level between individuals’ reports of marital tension and their partners’ reports of coping, partners’ daily coping was not found to be significantly related to individuals’ marital tension after controlling for individuals’ coping, earlier levels of tension, and the type of stressor reported. Several plausible interpretations of these findings exist. The interpretations fall into three general categories. The first interpretation of these findings is that there truly is no relation between spouses’ coping and their partners’ marital tension levels. A second possible interpretation is that there is a direct relation between spouses’ coping and their partners’ reports of marital tension that was not captured in the present study. Finally, it may be that the relation between spouses’ coping and their partners’ marital tension levels is indirect in nature. Each of these possibilities will be considered in turn.

First of all, it may be that no relation (either direct or indirect) exists between a spouse’s coping and his or her partner’s marital tension levels. If this were the case, it would mean that one’s spouse’s coping had no influence on one’s own experience of marital tension. Such a state of affairs might be especially likely to occur if a stressor was experienced primarily by one spouse. Even in such a case, however, the person’s coping responses would be expected to affect his or her partner, if only indirectly (this possibility will be considered more fully in a later section). For instance, if a wife were disciplining her children and her husband was in the next room watching television, the confrontation would be expected to impact the husband through its subsequent effects on his wife’s and his children’s mood and/or
behavior. Of course, it could also affect his feelings towards his wife directly as he overheard the exchange from the next room.

However, the present study found several significant relations between spouses' coping and respondents' tension at the bivariate level. For instance, spouses' confrontive coping was related to individuals' marital tension. The interpretation that there is no relation between spouses' coping and their partners' tension is inconsistent not only with these findings, but also with previous research that has suggested a link between spouses' coping and individuals' outcomes (Gruen, Folkman, & Lazarus, 1988; Repetti, 1989; Stern & Pascale, 1979).

However, the few studies available that examined spouses' coping and their partners' outcomes differed from the present study in several important ways. These studies also had a number of methodological flaws. Therefore, it is possible that the relation found between spouse coping and respondent tension in previous research was specific to the methodology used in these studies.

Perhaps the most important difference between the present study and past research is that average and prior distress levels were not taken into account in the previous research cited. For instance, Stern and Pascale (1979), who found that husbands' denial predicted wives' depression, did not consider the effects of wives' prior distress on husbands' coping. It could be that wives' prior distress caused their husbands to use denial strategies, and these, in turn, led to increased wife distress. Thus, it is possible that the relations found in previous research between spouses' coping and individuals' outcomes resulted from the confounding effects of prior distress (or average distress), which were not assessed in those studies.

Previous studies that did find a relation between spouse coping and partner outcomes also had several drawbacks. All of the studies used samples of 30 or fewer couples or subjects (Gruen, Folkman, & Lazarus, 1988; Repetti, 1989; Stern & Pascale, 1979). With samples this small, there is an increased likelihood that any effects found are spurious. The present study, on the other hand, had 55 couples with four observations each.

In addition, one of the studies cited only gathered information from one member of the couple. Stern and Pascale (1979) collected all information regarding husbands' coping behavior by wives' report. The authors interpreted these reports as accurate reflections of the
husbands' coping responses. However, it would have been more appropriate if they had described this information as wives' perceptions of their husbands' coping. The relation they found between husbands' denial and wives' psychological symptoms may be specific to wives' perceptions of their husbands' coping and wife outcomes.

In the present study, the reports of both spouses were solicited to provide as full a picture of marital coping as possible. This also enabled us to have more confidence in findings that were similar for husbands and wives. For instance, consistent results were found across men and women regarding the small, insignificant contribution of spouses' coping to the prediction of their partners' marital tension. In addition, unlike the other studies discussed, coping data was collected on more than one occasion in the present study. For both of these reasons, the information gathered in the present study may be more reliable than that reported in previous research on spousal coping and outcomes.

Another possibility is that a relation does exist between spouses' coping and respondent outcomes, but it was not found in the present study due to the statistical procedures employed. In the multiple regression, spouses' coping was entered after controlling for the trial variables, sum tension, morning tension, stressor type, and respondents' coping. These variables accounted for approximately half of the variance in marital tension. Therefore, there was little variance in marital tension left to be explained by spouses' coping. The power analyses indicated that the power available to detect the effects found for spouses coping was only .50. For the interaction terms, even less power was available.

It is also possible that a direct relation exists between spouses' coping and their partners' tension, but that the methodology in the present study was not sensitive enough to measure it accurately. The measures used in the present study may have been inadequate for detecting a true relation between spouse coping and respondent tension. The marital tension

5 The possibility that overlap between respondent and spouse coping (which were highly intercorrelated) accounted for the lack of relation between spouse coping and respondent tension was tested by rerunning the regression, entering spouse coping before respondent coping. However, the amount of variance explained did not change when the order of spouses' and respondents' coping were reversed. This suggests that the relations between respondent and spouse coping did not account for the results.
measure used was a one item measure with unknown reliability. If this measure had low reliability, it may have introduced random error that made it more difficult to find a true association between spouse coping and respondent tension. However, significant associations were obtained between individuals' coping and their own marital tension. These effects were consistent in size with effects typically found in research on coping and outcomes (e.g., Folkman et al., 1986a). Therefore, this explanation is a not particularly parsimonious one.

It is also possible that the sample used in the present study was unique in some way. For instance, the couples in the present study reported low levels of marital tension. On average, they reported no marital tension to a little marital tension. Thus, there was little variation in marital tension to be explained. This made it very unlikely that a relation would be found between spouse coping and respondent tension, even if it did exist. Again, however, because significant relations were found between respondent coping and respondent marital tension, this is not an especially parsimonious explanation. It may also be that spouses' coping and tension are only related when levels of tension are moderate to high.

The stressors reported by subjects also tended to be relatively minor. The mean seriousness rating fell between a little and somewhat serious. It is possible that spouse coping and respondent tension are only related when couples are coping with fairly serious stressors. However, as noted before, significant associations were found between individuals' coping and their own marital tension. It is unlikely that such effects would be limited to respondent coping.

A third possible interpretation of the results of this study is that an individual's marital tension level is related to his or her partner's coping in an indirect fashion. That is, there may be other factors that mediate the relation between one's spouse's coping and one's own tension. It may be that spouse coping is related to one of the control variables, such as stressor type, which, in turn, is related to partners' marital tension levels (this specific possibility will be explored further below).

There are several plausible candidates for such intervening variables. Respondent coping is one possibility. It may be that spouse coping leads to respondent coping, which, in turn, affects respondent marital tension levels. For instance, a husbands' use of an active
strategy such as problem solving might lead his wife to employ escape avoidance to avoid confronting the problem. The wife's escape avoidance could then lead to increases in the marital tension reported by the wife. The significant correlations between husband problem solving and wife escape avoidance and wife escape avoidance and wife tension support such an interpretation.

As noted before, spouses' perceptions of their partners' coping may be another factor that plays an important role in linking spouse coping with their partners' outcomes. It has been shown that the average rate of agreement between spouses' reports of their own behaviors and partners' reports of their spouses' behaviors is less than 50% (Jacobson & Moore, 1981). Thus, there seems to be a great potential for partners to hold discrepant perceptions of one another's behavior. This may be especially true when the processes being reported have a large cognitive component, as many coping strategies do.

An example may help illustrate the crucial role perceptions of spousal coping could play in influencing the outcomes experienced by respondents. If a father spoke sternly with his daughter who was having trouble in school, he might describe his response as "increasing my efforts to make things work," which is a form problem solving on the coping scale used in the present study. However, the same behavior might be categorized by his spouse as "expressing anger to the person who caused the problem," which is considered confrontive coping on the coping scale employed in this study. It is likely that the wife's tension level would be more closely related to her perception of her husband's behavior as confrontive than it would to her husband's report of his behavior as problem-solving. A number of researchers have argued that especially when dealing with interpersonal stressors, a person's perception of an event may play a more critical role in stress and coping processes than the "actual" event itself (Fincham, Bradbury, & Beach, 1990; Floyd and Markman, 1983; Margolin, 1987). Thus, the process by which perceptions could influence tension might be as follows: one partner copes in a certain way, his or her spouse perceives this response and labels it, the spouse then feels more or less tension with the partner on the basis of this perception. The significant relation found by Stern and Pascale (1979) between wives' perceptions of their partners' coping and wives' depression levels offers support for this interpretation.
Another variable that was not assessed in the present study but that could mediate the relation between spouse coping and marital stress is child behavior or mood. It could be that the coping of a spouse affects his or her partner's tension via the impact of the coping on the children's behavior. The reciprocal influences of child and parent behavior on one another have been documented by a number of researchers (e.g., Margolin, 1981). In the present study such influences might occur as follows: for instance, if one spouse used confrontive coping with the children, they might in turn begin acting out, which could lead to increased levels of marital tension for the couple.

In sum, there are a number of plausible reasons a relation between spouses' coping and their partners' marital tension was not found in the present study. It is quite possible that a relationship exists between these two variables (either direct or indirect in form), but went undetected in the present study.

Future studies of spousal coping could consider at least two other issues. First of all, the coping scale used in the present study may have lacked certain dimensions that are important in an interpersonal context. For instance, DeLongis and O'Brien (1990) have provided evidence for a third type of coping (in addition to problem and emotion-focused coping) called "relationship-focused coping." They suggest that relationship-focused strategies such as provision of support and empathic responses are important forms of coping, especially in an interpersonal context. It could be that use of relationship-focused strategies by a spouse bears a stronger relation to respondent outcomes than does the use of the coping strategies included in the coping measure used here. In support of this interpretation, spousal reports of confrontive coping, which taps a more interpersonal dimension than do the other coping subscales in this study, was significantly associated with respondent tension. Thus, future investigations of spouse coping might include measures with more interpersonal coping strategies.

Another refinement suggested for future research concerns the type of stressors elicited. In the present study, spouses were asked to describe their coping in response to a family stressor. It was presumed that family stressors would influence the marital tension of both the respondent and the spouse. However, a significant relation was found between marital
stressors and marital tension but not between parenting stressors and marital tension. This finding is consistent with research indicating that marital and family functioning are less strongly related in stepfamilies than in nuclear families (Coleman & Ganong, 1990; Crosbie-Burnett, 1984). Thus, it could be that only spousal coping with marital stressors has a significant relation to respondent marital tension. These relations may have been obscured here because parenting and marital stressors were considered together. It is recommended that future studies of spousal coping in stepfamilies concentrate on marital stressors.

Marital adjustment and coping

The lack of relation found between marital adjustment and average respondent and spouse coping merits consideration. Several interpretations of this finding are possible.

The relation between marital adjustment and coping was originally proposed on the basis of previous research that had demonstrated significant associations between coping and marital adjustment (Bowman, 1990; Whiffen & Gotlib, 1989), subsequent marital stressors (Ilfeld, 1980), and subsequent marital distress (Pearlin & Schooler, 1978). Differences between findings of this and other studies may have occurred for several reasons.

Recall biases may have affected the results of prior studies. In the other studies cited, subjects were either asked how often they used coping strategies in the past year (Ilfeld, 1980; Pearlin & Schooler, 1978), how often they generally used the strategies (Pearlin & Schooler, 1978; Ilfeld, 1980), how often they used the strategies with the "most serious recurring [marital] problem" (Bowman, 1990), or in response to the "most stressful event ... experienced during the preceding month." (Whiffen & Gotlib, 1989). If coping is actually a situation-specific phenomenon, as a variety of research suggests (e.g., Compas, Forsythe, & Wagner, 1988), it would be quite difficult for people to describe how they "typically" cope, especially over long periods of time. Retrospective contamination of coping responses may have taken place in these studies. That is, subjects may have recalled their past coping in light of their present levels of marital adjustment. Thus, previous studies may have found relations between these variables that were largely spurious.

As was noted in the discussion of marital tension, the present study may have also differed from previous research in terms of the seriousness of the stressors reported. The other
studies cited asked subjects either how they coped with a particularly serious stressor or how they coped in general (and coping with serious stressors may have been more salient than coping with minor stressors). In contrast, subjects in the present study were simply asked to describe "the most bothersome event" that took place that day "no matter how minor or trivial." The stressors reported by respondents were typically described as a little to somewhat serious. It is possible that marital adjustment is only related to coping when people are managing relatively serious stressors.

At least two other explanations are possible for the results obtained in this study. Subjects in the present study had very high levels of marital adjustment. Because of the slight adjustments in the DAS to make it appropriate for use in the present study (as described in the Methods section), the scores obtained by the present sample were not directly comparable to those obtained in other studies. However, a single item from the DAS which asks: "How happy, all things considered, would you say you are in your relationship?" indicated high levels of average marital adjustment in the present sample. The mean on this item fell between "extremely" and "very" happy for both men and women. It could be that coping is related marital adjustment only among those with dysfunctional relationships or chronic marital stress, and that no relation was found between marital adjustment and coping because dissatisfied couples were underrepresented in the present sample.

It is also possible that participation in the present study may have altered coping responses. Coping may have been affected by requiring subjects to consider their coping strategies on a daily basis, and by providing them with a list of possible coping strategies. The scale may have suggested strategies that were not typically part of that person's repertoire. Thus, respondents may have used a wider range of strategies or different types of strategies than usual. This might be one explanation for the lack of relation between marital adjustment and coping. If spouses were coping differently than usual, there would appear to be no relation between coping and marital adjustment, as marital adjustment was measured prior to coping and should be affected by one's typical coping behavior.

Finally, it is possible that the relation between coping and marital adjustment is different for stepfamilies than it is for non-stepfamilies. To date, there have been no major
studies of coping in stepfamilies. All of the prior research cited was based on non-stepfamilies. As noted previously in the discussion of marital tension, some research has demonstrated that marital and family distress are not as strongly related in stepfamilies as they are in other families (Coleman & Ganong, 1990). Therefore, the effects of coping with family stressors may not exert as large an impact on marital outcomes in stepfamilies as has been found in non-stepfamilies.

**Gender effects**

The possibility of gender differences was explored for all statistical analyses. In general, few significant gender differences were found. However, interesting differences between husbands and wives did emerge.

Before discussing the implications of these findings, the possibility of gender-related self-report biases deserves consideration. Differences in husbands' and wives' reports of their life experiences might be rooted in veridical experiential differences. However, it could also be the case that men and women simply have different styles of reporting. The stereotype of women as more emotionally expressive than men, and of men as less expressive and more stoical than women, has received some support from research on verbal and non-verbal communication (Aries, 1987; Hall, 1984). It is likely that these differences in expressiveness are rooted in cultural views regarding appropriate behavior for men and women (Hall, 1984; Shields, 1987). It might also be expected that cultural notions of gender-appropriate behavior could affect men's and women's reports of coping, marital tension, and marital adjustment.

In addition, it is possible that men and women could have interpreted the measures in the present study differently. For instance, in a culture where aggressive responses are typically seen as the sole province of the male, it is conceivable that men and women would have different interpretations of what constitutes expressing "some" anger. Differences might also be expected in the metrics used to evaluate other coping responses such as seeking social support and self control. It is possible that men and women might use different standards to measure amounts of marital tension and marital adjustment, as well.

These possibilities will be considered in reference to the specific findings of the present study. Other explanations not relating to reporting biases will also be explored.
First, wives reported significantly higher levels of marital tension than did husbands. This difference could reflect divergent standards for evaluating the quantity of marital tension. It might also reflect a tendency for wives to feel more comfortable reporting emotional and interpersonal issues. However, given that no significant differences were found between the level of marital adjustment reported by husbands and wives, it is less likely that self-reporting biases led to this finding. Although husbands and wives did not differ significantly in the levels of marital adjustment reported, the gender difference in reports of marital tension is consistent with previous research indicating lower marital satisfaction in wives.

Another possibility is that this difference in reports of marital tension is related to the tendency described by Holtzworth-Munroe and Jacobson (1985) for nondistressed husbands to spend less time than their wives contemplating the marital relationship and its functioning. Husbands may report less marital tension than their wives because they are paying less attention to the marital relationship.

Wives also reported significantly more coping overall than did their husbands. Again, this result might be due to a greater willingness on the part of wives to describe their responses to stress than men, especially those involving emotion-focused coping. Or, it could be due to differences in men's and women's perceptions as to what constitutes "a lot" of a given strategy. However, if either of these were the case, it would be predicted that men would report using more of certain strategies and women would report using more of other strategies. Instead, the tendency was for women to report using slightly more of all strategies except accepting responsibility.

Another explanation for the difference in reported coping effort is that wives were paying more attention to the difficulties in the family and so perceived them as more serious. Therefore, they may have put more effort into coping. The average seriousness ratings of the stressors described in the present study support this interpretation. On average, women rated stressors as significantly more serious than their husbands did.

However, the difference in the amount of coping effort reported by husbands and wives did not attain significance when the proportion of coping was taken into account. This suggests that, although wives reported more coping overall, they tended to report coping
strategies in the same proportion as their husbands. The only significant difference between the proportional coping reported by husbands and wives was husbands' greater tendency to report accepting responsibility. Husbands' reported greater use of this strategy could indicate that it is more consistent with male stereotypes than with females stereotypes, that men are more willing than their wives to admit fault in regards to family problems, or, that they are actually more responsible for the occurrence of family difficulties than are their wives.

The frequency with which different types of stressors were reported by husbands and wives did not differ significantly. It is not possible to determine whether spouses were actually describing coping with the same stressors on the same day (it was even unclear from comparisons of individual diaries entries). However, this finding lends some support to the notion that spouses were actually coping with similar problems.

Few significant differences emerged between the raw coping scale intercorrelations of husbands and wives. Those that did emerge were all related to confrontive coping. For husbands, confrontive coping was not significantly related to any other coping scale. It was the only scale that was not correlated with at least one other form of coping for husbands. For wives, however, confrontive coping was positively related to problem-solving, accepting responsibility, and escape-avoidance. These differences may be rooted in gender differences in the significance attached to confrontive coping. Because of the negative views generally held in our society of women who express anger, women may be reluctant to use confrontation without first trying other strategies, or without also employing other, less negatively-viewed approaches (such as problem-solving). Use of confrontation may also be inconsistent with most women's images of themselves. For husbands, on the other hand, confrontation may be a more comfortable response, and one that is not necessary to pair with other strategies because it is seen as acceptable for men to exhibit this kind of behavior. Husbands may also be more successful at resolving their difficulties with confrontive coping than are wives because they have greater experience with the strategy or because they receive more positive responses from others when they employ it. Therefore, they may not find it necessary to use confrontive coping in conjunction with other coping responses.
In summary, the few significant differences between husbands and wives that were obtained in the present study included: wives' tendency to report higher marital tension, and to report greater overall coping effort, and differences involving several specific coping scales. It is possible that these gender differences were no more than gender-related self-report biases. However, a number of other plausible explanations for these findings also exist.

Conclusion

The present study provided evidence for a significant relation between individuals' daily coping and daily marital tension levels. The study also demonstrated differences between the immediate outcomes associated with specific forms of coping in the present research and the longer term outcomes typically reported in the literature.

This finding suggests that conducting investigations at the daily level can provide important information about the process of stress and coping. The fact that significant relations were found between daily coping and daily outcomes is consistent with the theoretical perspective of Lazarus et al. (e.g., Lazarus & Folkman, 1984), which is predicated on the notion that coping is situation-specific and changes over time. These findings highlight the value of considering coping outcomes at the daily level.

No evidence was found of independent associations between spouse coping and respondent marital tension. However, for a variety of reasons, it is possible that either a direct or an indirect relation between spousal coping and respondent tension exists, but went undetected in the present study. Explanations provided for this finding include the low levels of average marital tension represented in this sample and the possibility of intervening variables. Thus, it will be important for further research to explore factors that might mediate the relation between spousal coping and respondent outcomes. It will be especially interesting to examine the relation between perceptions of spousal coping and respondent outcomes.

Significant relations were not found between marital adjustment and average coping. This finding was discussed in terms of the high levels of average marital adjustment, methodological differences between previous research and the present study, and in terms of the specific characteristics of the present sample. This finding underlines the important role methodology can play in determining the results of studies in this field. It also demonstrates
the importance of exploring the coping process at a variety of levels (i.e., globally and on a
day-to-day basis).

Future research could refine the methodology of the present study to better address the
relation between spousal coping and respondent outcomes. Specifically, outcome measures
more similar to the stressor type would be recommended (e.g., family tension and family
stressors or marital tension and marital stressors), as there may be greater specificity in the
effects of family stress than previously assumed. The use of a daily outcome measure with
known reliability would also be suggested. It might be useful to use a coping scale with a
broader range of interpersonal items (e.g., O'Brien, 1992). In addition, it would be very
important to recruit both maritally distressed and nondistressed subjects.

Future research could also further explore the differences between short-term and long-
term outcomes of specific coping strategies and, perhaps, investigate the role short-term
outcomes play in shaping long-term outcomes.
References


### TABLE 1

**PAIRED t-TESTS:**
**DAS & MARITAL TENSION**

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<th>p</th>
<th>range</th>
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n = 78 couples
TABLE 2
PAIRED t-TESTS:
RAW COPING SCORE MEANS

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n = 78 couples

Hotellings $T^2 = 3.05$, $p < .01$
TABLE 3  
PAIRED t-TESTS:  
RELATIVE COPING SCORE MEANS

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n = 78 couples

Hotellings' $T^2 = 2.22$, $p < .05$
TABLE 4
DAILY FAMILY STRESSORS

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<td>27.7%</td>
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<td>Other</td>
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Chi-square = 2.20, NS
### TABLE 5
INTERCORRELATIONS AMONG RESPONDENTS' RAW COPING SCORE MEANS

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**p < .01, ***p < .001  n=78 couples

KEY:
wcc = wife confrontive coping  hcc = husband confrontive coping
wd = wife distancing  hd = husband distancing
wsc = wife self control  hsc = husband self control
wps = wife problem solving  hps = husband problem solving
war = wife accepting responsibility  har = husband accepting responsibility
wss = wife seeking social support  hss = husband seeking social support
wea = wife escape avoidance  hea = husband escape avoidance
### TABLE 6
INTERCORRELATIONS AMONG RESPONDENTS’ RELATIVE COPING SCORE MEANS

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<td>-.34**</td>
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</tbody>
</table>

**p < .01  ***p < .001  n=78 couples

**KEY:**

- rwcc = relative wife confrontive coping
- rwd = relative wife distancing
- rwsc = relative wife self control
- rwps = relative wife problem solving
- rwar = relative wife accepting responsibility
- rwss = relative wife seeking social support
- rwea = relative wife escape avoidance
- rhcc = relative husband confrontive coping
- rhd = relative husband distancing
- rhsc = relative husband self control
- rhaps = relative husband problem solving
- rhar = relative husband accepting responsibility
- rhss = relative husband seeking social support
- rhea = relative husband escape avoidance
TABLE 7
CORRELATIONS AMONG RESPONDENTS' AND SPOUSES' COPING MEANS

<table>
<thead>
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<th>wss</th>
<th>wea</th>
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<td>.26</td>
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<td>.17</td>
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<td>.43***</td>
<td>.25</td>
<td>.27</td>
<td>.10</td>
<td>.38***</td>
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<td>hps</td>
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<td>.25</td>
<td>.23</td>
<td>.28</td>
<td>.23</td>
<td>.09</td>
<td>.35***</td>
</tr>
<tr>
<td>har</td>
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<td>-.00</td>
<td>.29**</td>
<td>.12</td>
<td>.43***</td>
<td>.05</td>
<td>.28**</td>
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<th>rwps</th>
<th>rwar</th>
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<td>-.27</td>
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<td>.05</td>
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<td>.26</td>
<td>-.24</td>
<td>.14</td>
<td>.11</td>
<td>.08</td>
</tr>
</tbody>
</table>

**p < .01, ***p < .001  n=78 couples

KEY:

wcc = wife confrontive coping  hcc = husband confrontive coping
wd = wife distancing  hd = husband distancing
wsc = wife self control  hsc = husband self control
wps = wife problem solving  hps = husband problem solving
war = wife accepting responsibility  har = husband accepting responsibility
wss = wife seeking social support  hss = husband seeking social support
wea = wife escape avoidance  hea = husband escape avoidance

r = relative score
### TABLE 8
CORRELATIONS AMONG DAS AND AVERAGE COPING

<table>
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<tr>
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<th>WIFE DAS</th>
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<td>.10</td>
<td>.02</td>
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<tr>
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<td>.18</td>
</tr>
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<td>-.00</td>
</tr>
<tr>
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<td>.09</td>
<td>.03</td>
</tr>
<tr>
<td>problem-solving</td>
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<td>-.24*</td>
</tr>
<tr>
<td>escape avoidance</td>
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<td>.12</td>
</tr>
<tr>
<td><strong>Spouse's coping:</strong></td>
<td></td>
<td></td>
</tr>
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</tr>
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<tr>
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<td>.05</td>
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<td>-.05</td>
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<tr>
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*p < .05, **p < .01, ***p < .001  n = 78 couples
TABLE 9
CORRELATIONS AMONG AVERAGE MARITAL TENSION AND AVERAGE COPING

<table>
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</tr>
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<tr>
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<td>.20</td>
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<td>.27*</td>
<td>.13</td>
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<tr>
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<td>.08</td>
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<tr>
<td>problem solving</td>
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<td>.05</td>
</tr>
<tr>
<td>escape avoidance</td>
<td>.15</td>
<td>-.05</td>
</tr>
<tr>
<td><strong>Spouse's coping:</strong></td>
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<td></td>
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<tr>
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<td>-.15</td>
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<tr>
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<tr>
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<tr>
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<td>.11</td>
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<tr>
<td>accepting responsibility</td>
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<tr>
<td>problem solving</td>
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<td>.27*</td>
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<tr>
<td>escape avoidance</td>
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<td>.05</td>
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*p < .05, **p < .01, ***p < .001  n = 78 couples
TABLE 10
POWER ANALYSIS FOR CORRELATIONS

n = 78 couples

<table>
<thead>
<tr>
<th>Effect size</th>
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## TABLE 11

**REPEATED MEASURES MULTIPLE REGRESSION ANALYSIS: REGRESSING RESPONDENT DAILY EVENING MARITAL TENSION ON TRIAL VARIABLES, SUM EVENING TENSION, MORNING TENSION, STRESSOR TYPE, RESPONDENT COPING, & SPOUSE COPING:**

* (RAW SCORES)

<table>
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<tr>
<th>(step)</th>
<th>Predictor variable</th>
<th>HUSBANDS beta</th>
<th>R² change</th>
<th>WIVES beta</th>
<th>R² change</th>
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<td>.54***</td>
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<td>Morning tension</td>
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<td>.12*</td>
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<td>.13*</td>
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<td>-.05</td>
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<td>-.11*</td>
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<td>escape avoidance</td>
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<td>.06**</td>
<td>.16**</td>
<td>.06**</td>
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<td>-.00</td>
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n=55 couples at 4 timepoints

*p < .05, **p < .01, ***p < .001

df=162
### TABLE 12
POWER ANALYSIS FOR REPEATED MEASURES
MULTIPLE REGRESSION

\[ n = 55 \text{ couples x 4 timepoints} \]

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