Abstract
Recent research suggests that social support is more beneficial when it is provided invisibly (subtly and without recipient awareness); however, what is still unknown is who is most likely to provide invisible support. The hypothesis that support providers exhibiting greater empathic accuracy are more likely to provide invisible support is tested in two studies of committed romantic couples: a month-long diary study in a highly stressful situation (Study 1, \(n=311\) couples) and an in-lab social observation study in which one member discusses a mildly stressful personal goal (Study 2, \(n=85\) couples). In Study 1, providers exhibiting greater empathic accuracy on a given day were more likely to provide invisible practical support the same day. In Study 2, providers’ empathic accuracy was positively associated with their provision of invisible practical support during the interaction (both coded by trained observers). Similar findings did not emerge for emotional support.

Keywords
empathic accuracy, invisible support, social support

Research on social support has established the valuable role that perceived availability of support plays in well-being; however, associations between enacted support and well-being are sometimes positive but just as often null or even negative (see M. E. J. Gleason & Iida, 2015, for a review). Despite these inconsistent findings, a few subtypes of support have been shown to be reliably effective at reducing recipient distress, one of which is invisible support (Bolger, Kessler, & Zuckerman, 2000). Invisible support specifically refers to support that is both delivered less overtly and noticed less by recipients (Howland & Simpson, 2010). Documented benefits of receiving invisible support include improved self-efficacy and mood (Bolger & Amarel, 2007; Bolger et al., 2000; Howland & Simpson, 2010), goal achievement (Girme, Overall, & Simpson, 2013), and greater relationship quality (Maisel & Gable, 2009).

However, important questions remain about invisible support including who is most likely or most able to provide this skillful support. One answer may lie in providers’ empathic accuracy (EA). Empathic accuracy is the degree to which one individual accurately infers a target person’s thoughts or feelings (Ickes, 2003) and has been associated with prosocial orientation and prorelationship behaviors (Côté et al., 2011; Ma-Kellams & Blascovich, 2012). Although early diary studies demonstrating the benefits of invisible support employed a bare bones operationalization of the construct (support that was noted as provided but not noticed as received; Bolger et al., 2000), later social observation studies defined invisible support to be support that is subtle, minimizes role differences between provider and recipient, and minimizes the attention paid to the negative feelings or situation of the recipient (Girme et al., 2013; Howland & Simpson, 2010). This later definition points to why EA may be particularly important in the provision of invisible support—the knowledge gained via EA should enable a provider to discern their partner’s support needs without engaging in overt behaviors designed to ascertain those needs (e.g., question asking or statements of nonunderstanding)—behaviors that would likely highlight the role differences and draw attention to the recipient’s vulnerability (see Verhofstadt, Davis, & Ickes, 2011, for a discussion of the theoretical importance of EA to marital support generally).

Lay and scientific theories alike propose that in the majority of relationship situations, EA should be associated with benefits in close relationships (EA model; Ickes & Simpson, 2001), and existing research generally supports this association (e.g., Cohen, Schulz, Weiss, & Waldinger, 2012). However, there are accounts of EA negatively impacting relationships...
as well, and benefits are often qualified (e.g., exist for only one gender or when certain moods are being perceived; see Ickes & Hodges, 2013, for a recent review). Thus, having an understanding of when and how EA translates into benefits is crucial before employing a “more EA is good” perspective to research or clinical practices. Several possible mechanisms have been proposed. For example, EA should assist in preemptive relationship maintenance (Simpson, Ickes, & Orina, 2001), and Kilpatrick, Bissonnette, and Rusbult (2002) found that EA positively impacted relationship satisfaction via increases in accommodative behavior.

One research finding—linking higher levels of EA with more positive social support provision (Verhofstadt, Buysse, Ickes, Davis, & Devoldre, 2008)—holds great promise. Specifically, Verhofstadt et al. found that providers who demonstrated greater EA in a social interaction with their romantic partner were more likely to be observed providing positive instrumental support. In this case, “positive” is synonymous with behavior that appears genuine to trained observers, and “instrumental” refers to practical helping (e.g., advice and offers of resources). Coders in this study made no distinctions concerning invisibility of the support or other support features that have been reliably shown to be associated with benefits, nor did it examine recipients’ satisfaction with the support received. Given the inconsistent support findings, it would be additionally useful to demonstrate that EA is associated with skillful types of support that have reliably been shown to reduce distress.

The current research makes the following prediction: Support providers who exhibit increased levels of EA should be more likely to provide invisible support (relative to those low in EA). Such findings would (1) suggest a support pathway by which EA may directly translate into benefits for targets, (2) provide evidence for how information about targets acquired via EA is employed, and (3) who is likely to provide invisible support.

Social support can be further broken down into emotional versus practical support. The former addresses negative emotional or states associated with a stressor (e.g., reassurance), whereas the latter aims to mitigate the stressor via information (e.g., giving advice) or tangible aid (e.g., giving money or time). Both types of support are theoretically and empirically important (M. E. J. Gleason & Iida, 2015). Of the studies that have examined both types of invisible support, one found benefits only for emotional (Shrout, Herman, & Bolger, 2006), another found that visible support was only detrimental if it was practical (Shrout et al., 2010), and a third found benefits associated with both types with stronger effects for practical (Howland & Simpson, 2010). Other research has only investigated invisible emotional or general support and found benefits (Bolger et al., 2000; Girme et al., 2013). Thus, it is not clear that one type of invisible support is preferable over another. Previous research has only found associations between EA and practical support (Verhofstadt et al., 2008; Verhofstad et al., 2011; Verhofstadt, Ickes, & Buysse, 2010). Thus, the specific hypothesis of the current studies is that EA will be associated with invisible practical support provision. However, it remains theoretically plausible that this finding would extend to emotional support; hence, associations between EA and invisible emotional support provision are also explored and reported.

The hypothesis that support providers’ greater EA will be positively associated with invisible practical support provision is tested in two studies of committed romantic couples: a month-long diary study in a highly stressful situation (Study 1) and an in-lab social observation study in which one member discusses a mildly stressful personal goal (Study 2).

Study 1

Study 1 was part of a larger daily diary study on couples coping with stress. Participating couples included one person who was preparing to take a highly stressful professional exam. Diaries were completed by both members of the couple, in the morning and evening, for 5 weeks prior to, 2 days including and 1 week following the exam, for a total of 44 diary days. This situation is increasingly anxiety provoking across the diary period as the exam date approaches (Shrout et al., 2006). Also, while this diary design does not allow for a close examination of EA or support provision within a single interaction, it is uniquely able to tap into whether EA and invisible support are typically associated in daily life.

Participants

Between 2001 and 2003, over 15,000 law students were contacted via their law schools. The sample size was determined via a power analysis concerning the central predictions of the larger study, and data collected ceased when the funds provided for collecting this sample were depleted. Ultimately, of 762 couples who met the criteria for the study (were cohabitating for at least 6 months and one member was preparing to take the exam), 472 were randomly assigned to the diary study (others were assigned to a secondary study not relevant here). Of those, 311 were heterosexual couples who completed at least 7 days of diaries. The mean age of the final group of examinees was 29.28 years ($SD = 6.60$) and the mean age of the partners was 29.40 ($SD = 6.33$). Forty-six percent of the examinees were male and 65% of the couples were married. The racial/ethnic composition of the examinees was 80.3% White, 7.3% Asian, 1.7% Black, and 5.0% Latino.

Procedures

All background measures and diaries were completed in a paper and pencil format. Between 3 months and 2 weeks prior to the first diary week, participating couples started receiving the diary packets by mail on a weekly basis. Two daily portions made up the diary—a morning portion, to be completed within 1 hr of waking up in the morning, and an evening portion, to be completed within 1 hr of going to bed. All measures described below are
from the evening portion of the diary. Upon completion, each couple was paid US$150 for participation and given a chance to win US$1,000 upon the completion of the study.

**Measures**

Only measures relevant to the hypotheses are described below (for an extensive description of the methods and measures, see Shrout et al., 2006).

**Recipient mood.** Examinees’ moods were computed by averaging their scores on a multidimensional set of mood items derived from Lorr and McNair’s (1971) Profile of Mood States (adapted version; Cranford et al., 2006). Examinees were asked to report their mood “right now” on a scale of 1 (not at all) to 5 (extremely). The target moods were anxiety (uneasy, on edge, and anxious), depression (hopeless, sad, and discouraged), anger (angry, resentful, and annoyed), and vigor (lively, cheerful, and vigorous; see Cranford et al., 2006, for factor loadings for this abbreviated scale). Negative items were reverse coded and averaged with the score for vigor, so that a low examinee mood score would indicate greater negative mood. An overall mood positivity score was derived by grand-mean centering examinees’ average mood for the diary period, which allowed us to control for overall mood in our analyses.

**EA.** Partners’ EA scores were derived from both recipients’ self-reported mood and their partners’ perceptions of that mood. Because of space limitations on the diary and concerns about participant burden, partners’ perceptions were assessed with a single item asking them to rate the examinees’ “overall mood today” on a scale from 1 (very negative) to 5 (very positive). A final EA score was calculated as the absolute value of the difference between the partner perception and the examinee mood index. The absolute value of the discrepancy has been shown to be a unique and reliable indicator of EA when computed with daily diary data (Howland & Rafaeli, 2010). This score was person centered, so that all comparisons made are within person and control for the individual’s average level of EA. Higher scores on this index indicate greater inaccuracy.

**Invisible support.** Partners indicated whether they provided practical support to the examinee by responding to a 1-item Yes/No question (coded 1/0), “Did you provide practical help to your partner for a worry, problem, or difficulty in the past 24 hrs?” and examinees’ support receipt was indicated with the same response format for a question asking about support received. Parallel items assessed emotional support provided/received. Invisible support was indicated by instances in which partners report having supported the examinee, but the examinee does not report received support. Visible support is indicated when both members of a couple agree that support occurred.

**Discriminant validity measures.** The following three constructs, reported by the support providing partner, were assessed in a background survey for discriminant validity purposes. Overall relationship quality was assessed by the satisfaction subscale from the Dyadic Adjustment Scale (Spanier, 1976; $\alpha = .83$). Neuroticism was assessed by an abbreviated Big-Five Inventory (Goldberg, 1990; $\alpha = .78$). The length of the relationship was assessed by asking partners to record the number of months that they had been in a committed relationship.

**Results**

The descriptive statistics and correlations among variables are displayed in Table 1. Across couples with male examinees and female partners, approximately 19% of days were invisible practical support days and 18% were invisible emotional support days. For couples with female examinees and male partners, invisible practical support and emotional support occurred on approximately 14% of days. Across couples, partners agreed on whether or not support had occurred (either emotional or practical) on 66% of the days, and the remainder were characterized by recipients perceiving support that had not been provided.

Because the outcome variable was dichotomous ($1 = \text{invisible support}, 0 = \text{visible support, agreed upon no support, or perceived but not provided support}$), a multilevel binary logistic regression, in which individuals were nested within couple, was run to test the hypothesis. Predictors in the base model were day (in order to examine temporal effects on the provision of invisible support), overall mood for recipients (between person), and EA (within person). While gender was initially included in analyses, there were no effects of gender on EA, so it is not included in the below analyses or discussed further. Additionally, EA independently predicted declines in all three negative moods (see Supplemental Materials); however, while the methods described below have previously resulted in data demonstrating the benefits of invisible support (Bolger et al., 2000), those effects were not replicated in this sample (Shrout et al., 2010).

It was predicted that greater EA would be associated with an increased likelihood of invisible practical support the same day. The results support this hypothesis, $b = -.16 (.06)$,

<p>| Table 1. Descriptive Statistics of and Associations Among Variables in Study 1. |
|-----------------------------|-----------------------------|-----------------------------|</p>
<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Empathic accuracy</td>
<td>.76</td>
<td>.60</td>
</tr>
<tr>
<td>2. Provided emotional support</td>
<td>.56</td>
<td>.50</td>
</tr>
<tr>
<td>3. Received emotional support</td>
<td>.51</td>
<td>.50</td>
</tr>
<tr>
<td>4. Provided practical support</td>
<td>.57</td>
<td>.50</td>
</tr>
<tr>
<td>5. Received practical support</td>
<td>.54</td>
<td>.50</td>
</tr>
</tbody>
</table>

*p < .05. **p < .01. ***p < .001.
positive mood, more invisible support was provided when recipients had less mood were significant predictors. In regard to emotional support, the provider’s guess of his or her partner’s mood and the recipient’s actual mood, such that low values on discrepancy correspond with high EA and a 0 on discrepancy would correspond with perfect accuracy.

\[ p < .01, \text{ odds ratio (OR)} = .85, 95\% \text{ confidence interval (CI)} = [0.75, 0.96], \text{ indicating that the larger the discrepancy between a provider’s guess of his or her partner’s mood and the recipient’s actual mood (i.e., the lower the EA), the less likely invisible practical support was provided. In other words, 1 unit decrease in the discrepancy (one unit increase in EA) is associated with a 15\% increased odds of providing invisible support, but the increase could be as large as 25\% or as low as 4\%}. \]

Figure 1 shows that the predicted probability of invisible support provision was as high as 12\% when EA was at its highest level (when discrepancy was 0; perfect accuracy) and as low as 5\% when EA was at its lowest level (3.6; lowest observed accuracy/greatest observed discrepancy). (Note that this figure reflects the probability of the average invisible support provided, not the average of the probabilities, which are distinct curves in nonlinear models.) Neither diary day nor overall mood were significant predictors. In regard to emotional support, the only significant predictor was overall mood, such that more visible support was provided when recipients had less positive mood, \( b = -.15 \) (.05), \( p < .01, \text{ OR} = .86, 95\% \text{ CI} = [0.78, 0.95] \).

Discriminant Validity

In order to determine whether there was a unique effect of EA on the provision of invisible support (and not visible support or any other type of support scenario), the model was rerun predicting all other types of practical and emotional support. EA was not a significant predictor in any of these models (see Supplemental Materials for all results).

It is also possible that this effect can be described as “good predicting good” or “skillful predicting skillful” and could be explained by more stable measures of relationship goodness, such as low levels of neuroticism or high relationship quality. There is also evidence that relationship length may impact EA (Thomas, Fletcher, & Lange, 1997). The predicted effect with invisible practical support held when controlling for each of these variables.

Discussion

This result offers initial support for the hypothesis in an ecologically valid data set and in the context of a profound life stressor. Support providers’ EA was positively associated with their provision of invisible practical support, but there was no association with the provision of invisible emotional support. However, due to the high burden of daily diary studies and space limitations on the diary itself, the operationalizations of the predictor and outcome variables were less than ideal (dichotomous, based on single-item indices, subject to retrospection over the day). Additionally, partners’ mood assessments were made for overall daily mood, and the examinee’s self-report mood assessments were for a particular part of the day, which likely added error to the EA index. As a result, it is possible that these findings reflect general mood congruence (a partner’s ability to distinguish between overall good or bad mood days) rather than true EA. In regard to invisible support, whether or not support occurred at all was determined by recipients’ perception, which may in themselves be biased by overall perceptions of their partner, or invisible support may reflect nonsupportive behaviors only believed to have been supportive by the provider. Finally, because of the nature of the support response items, the types of support (visible and invisible) were mutually exclusive (a provider could not have provided both in 1 day), which may have artificially either enhanced or minimized any effects. While the presence of the predicted effect under these circumstances is promising, the question remains whether the effect would hold with a more traditional EA measure and a more objective invisible support indicator. Finally, this situation was highly stressful, and it is unclear whether this effect will hold in a more mundane support context.

Study 2

A second study was conducted to address the limitations of Study 1. Study 2 was part of larger social observation study on support processes in couples and the data have previously demonstrated the benefits of invisible support (Howland & Simpson, 2010). The aim of Study 2 was to conceptually replicate Study 1 in a single interaction between romantic partners, with a more objective operationalization of invisible support, a more traditional operationalization of EA, and in a more normative support context.

Method

A sample of 80–100 couples was aimed for, based on sample-size recommendations for dyadic analyses proposed by Kenny,
Kashy, and Cook (2006). Eighty-five committed couples completed online surveys containing demographic and background measures and then attended a single lab session in which one member of the couple was randomly assigned to a support-receiving role and the other to a support-providing role. Couples engaged in a brief videotaped support discussion, which was subsequently coded by trained observers for the provision of invisible and visible support. EA was operationalized using a standard video-recall paradigm.

Participants
Flyers were posted around a large university campus and community in the Midwestern United States. In order to participate, couples had to be dating exclusively for at least 1 year, and both partners had to be at least 18 years old. Eighty-five couples (83 heterosexual couples and 2 lesbian couples) met these criteria. Participants were 26.01 years old on average (SD = 8.50) and had been together for an average of 3.68 years (SD = 3.04). Fifty-seven percent of couples were living together and 53% were engaged/married. Eighty-one percent of the sample was White, 8% was Asian, 3.5% was Hispanic, 3% was Black, and 4.5% indicated another ethnicity. Each partner was compensated with US$25 or six extra credit points in a psychology class.

Procedure
Both partners first completed an online questionnaire containing demographic questions and background measures. A lab visit occurred 1 week later, during which both partners were given an overview of the study and told that they would have a videotaped conversation that would be rated by trained observers. The partners were separated and asked to think about a discussion topic, specifically something they’d like to change about themselves (see Supplemental Materials). The prompt was designed to generate discussion topics that would put the disclosing partner in a vulnerable support-receiving role and the responding partner in a role of support provider without explicitly mentioning support. These roles were randomly assigned before participants came to the lab. Couples were then left alone for 7 min to discuss the recipient’s topic. Immediately after the interaction, the partners were led to separate rooms to complete the EA task and record perceptions of the interaction. Finally, both partners were debriefed and compensated.

Measures
EA. EA was assessed with the dyadic interaction paradigm (Ickes, 2003). First, immediately following the interaction, the support recipient viewed the video of the interaction and recorded the time points of moments when she or he recalled having a specific thought or feeling and the valence and content of the thought or feeling. Subsequently, the support provider was provided with a piece of paper listing the recipient-noted stop times and asking in regard to each stop point to describe the valence and content of this thought or feeling. Providers were instructed to attempt to be as accurate as possible in guessing their partners’ thoughts and feelings. Finally, eight independent raters coded each provider guess for accuracy on a scale of 0 (not at all accurate), 1 (somewhat accurate), or 2 (completely accurate). Overall coders were reliable (α = .92). Final EA scores were calculated as means across all possible guesses for each couple.

Observer-rated support provided. The same eight observers independently coded interactions for visible and invisible emotional and practical support behaviors. This coding process has been thoroughly described in previous work (Howland & Simpson, 2010; 2013) and focuses on three characteristics of any supportive act: (1) the indirect versus direct nature of the support, (2) the provider–recipient roles (e.g., how clear is it that the provider and recipient are in distinct supportive roles), and (3) the locus of attention (e.g., is the focus of the support on the partner/problem vs. away from the partner/problem?). Invisible support is support that is indirect, obfuscates provider/recipient roles, and steers the locus of attention away from the recipient/problem. Support providers’ behaviors were coded on 4 items, each pertaining to one of the four support categories (invisible/visible and emotional/practical; e.g., “To what extent did this person provide visible emotional support?”). All items were rated on 7-point scales, anchored 1 = none/very little and 7 = a lot. Averaged observers’ ratings resulted in one score for each provider for each support category. Observers’ ratings were reliable (α = .77 for visible emotional support, α = .77 for invisible emotional support, α = .84 for visible practical support, and α = .75 for invisible practical support).

Discriminant validity measures. The following constructs were assessed in a background survey for discriminant validity purposes. Relationship quality was assessed by the Perceived Relationship Quality Components Scale (Fletcher, Simpson, & Thomas, 2000; αs = .91 for men and .94 for women). Neuroticism was assessed by an abbreviated Big-Five Inventory (Goldberg, 1990; αs = .82 for men and .74 for women). Length of relationship was indicated in months. Recipients rated their partners’ (providers’) responsiveness immediately following the interaction on the Perceived Partner Responsiveness Scale (Reis, 2003). This 18-item measure assessed the degree to which the recipients perceived their partners as understanding, validating, and caring (α = .95 for men and women; see Reis, Clark, & Holmes, 2004).

Results
The descriptive statistics and correlations among variables for Study 2 are displayed in Table 2. The hypotheses were tested using a multiple regression analysis with the couple as the unit of analysis (Kenny, Kashy, & Cook, 2006). Specifically, two models were run, one each predicting observer-rated invisible practical support and invisible emotional support, respectively. Predictors included in the model were the support providers’ mean-centered EA score, gender, and their interaction. No
significant main effects or interactions were found for gender, and so it was not included in the final models reported below. As noted, these data have previously demonstrated the independent benefits of invisible support (Howland & Simpson, 2010). Additionally, EA independently predicted pre- to postdiscuss declines in both anxiety and anger (but not sadness; see Supplemental Materials).

Consistent with the hypotheses, providers’ EA significantly predicted their provision of both types of invisible support in the expected direction ($b = 1.79, p < .05$, partial $\eta^2 = .10$ and $b = 1.53, p < .05$, partial $\eta^2 = .07$ for invisible practical and emotional support, respectively).

**Discriminant Validity**

In order to determine whether the effect of EA was limited to the provision of invisible support, the models were rerun predicting visible support. EA was not predictive of visible practical support, but it was predictive of visible emotional support. The models were also rerun controlling for the amount of visible practical and emotional support provided in the interaction. In the case of invisible practical support, when providers’ visible support was included in the model EA remained a significant predictor; however in the case of emotional support, the effect of EA became nonsignificant. These effects may be due to the high association between invisible and visible emotional support. See Supplemental Materials for complete results.

As in Study 1, the models predicting the provision of both types of invisible support were rerun controlling for provider relationship quality, neuroticism, and relationship length, and the effect of EA remained significant and similar in magnitude in all cases. Additionally, models were rerun controlling for recipients’ perceived partner responsiveness. The predicted effect remained in the case of invisible practical support and became marginal in the case of invisible emotional support ($p = .06$).

**General Discussion**

In two studies, employing different samples, different methods, different levels of situational stress, and different operationalizations of both EA and invisible support, it was shown that increased levels of support providers’ EA was associated with the provision of invisible practical support, a type of support known to be beneficial to recipients (when much support is not). Importantly, in Study 2, the effect for invisible practical support held even when controlling for levels of a target’s perceived partner responsiveness, of which feeling understood is an important component, and this suggests that a perceiver actually being more understanding is influential above and beyond a target simply feeling understood.

Interestingly, the association between EA and invisible emotional support was nonexistent in Study 1 and less robust than that with invisible practical support in Study 2. Given recent concerns about the underreporting of nonsignificant findings (e.g., Giner-Sorolla, 2012), it remains important to present that information here. It’s possible that emotional support may be less situation-specific, therefore requiring less knowledge about a target’s thoughts and feelings to provide effectively. A handful of invisible emotional supportive acts may be equally effective in a variety of situations. For example, providing a recipient examples of their competence or conveying how to increase one’s own positive mood is likely to be relevant and supportive in a variety of situations and thus require less EA to be provided successfully. In contrast, problem-focused situations are likely to demand specific practically supportive acts (e.g., subtly conveying advice to make a list is only going to be appropriate in certain situations) and nonspecific practical support (e.g., “try harder”) may in fact be particularly unhelpful, although future research is needed to test these possibilities. Furthermore, evidence exists that EA is an intentional and motivated behavior in the social support context (Verhoffstadt et al., 2011), and thus it’s likely that skilled providers would be deliberate in their deployment of these skills. Future research is required to understand and replicate these differential effects.

There is emerging and reliable evidence demonstrating the benefits of invisible support and the importance of predicting such relationship behaviors, and we were able to show here (in both studies) that having an empathically accurate partner improved mood in a support context (results in the Supplemental Materials). However, future research should test whether invisible support mediates the association between EA and recipient benefits. In Study 1, the time lapse between the diaries (24 hr) was not ideal for testing mediation—presumably EA today would have the most impact on support provided proximally (within the same day, if not the same interaction) rather than over the course of 2 days. In preliminary mediational analyses for Study 2, effect sizes of the a and b paths were determined to be in the small range, rendering the sample of 85 couples insufficient for detecting mediation effects for even the least conservative tests, such as bootstrapping techniques (Fritz & MacKinnon, 2007). Future research should either examine multiple diary entries over the course of a day (in the case of diary approach) or increase sample size (in the case of the social interaction approach) in order to fully examine a meditational model.

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**Table 2. Descriptive Statistics of and Associations Among Variables in Study 2.**

<table>
<thead>
<tr>
<th>Variable</th>
<th>$M$</th>
<th>$SD$</th>
<th>$r$</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Empathic accuracy</td>
<td>$M = .24$, $SD = .13$</td>
<td> </td>
<td> </td>
<td> </td>
</tr>
<tr>
<td>2. Invisible practical support</td>
<td>$M = 4.31$, $SD = .73$</td>
<td>0.32**</td>
<td> </td>
<td> </td>
</tr>
<tr>
<td>3. Visible practical support</td>
<td>$M = 4.61$, $SD = .91$</td>
<td>0.16</td>
<td>0.35**</td>
<td> </td>
</tr>
<tr>
<td>4. Invisible emotional support</td>
<td>$M = 4.26$, $SD = .79$</td>
<td>0.26*</td>
<td>0.79***</td>
<td>.09</td>
</tr>
<tr>
<td>5. Visible emotional support</td>
<td>$M = 4.16$, $SD = .71$</td>
<td>0.31**</td>
<td>0.53***</td>
<td>0.33**</td>
</tr>
</tbody>
</table>

*p < .05, **p < .01, ***p < .001.*
In these studies, it was demonstrated that a greater tendency to be empathically accurate (Study 1) and a greater ability for EA (Study 2) were both associated with greater provision of invisible support. This association is relevant well beyond the psychology of adult romantic relationships and may shed light on processes relevant to many areas of psychology. For example, EA has been shown to be a skill that is important across the life span, from adolescence (K. A. Gleason, Jensen-Campbell, & Ickes, 2009; Haugen, Welsh, & McNulty, 2008) to old age (Rauers, Blanke, & Riediger, 2013), and is relevant to other relationship types, such as employee–manager dyads (Byron, 2008), strangers (Cote et al., 2011), and peers (K. A. Gleason et al., 2009; Stinson & Ickes, 1992), as well as in clinical populations (e.g., Demurie, De Corel, & Roevers, 2011). It has also been shown to be important and relevant to a variety of situations, such as the clinical setting (Marangoni, Garcia, Ickes, & Teng, 1995) and relationship-threatening situations (e.g., Simpson et al., 2011). The evidence provided here points to one way in which the information gained via EA may be employed for the potential benefit of a target. Furthermore, these findings suggest an avenue for equipping individuals to provide skillful support to their partners.

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Note

1. Previous analyses of these data were restricted to a portion of the diary period (Shrout et al., 2010), and the current analyses were conducted on the entire diary period.

Supplemental Material

The online data supplements are available at http://spps.sagepub.com/supplemental.

References


**Author Biography**

Maryhope Howland is a postdoctoral fellow at the Alcohol Research Center at the University of Connecticut Health Center. She studies close relationships and health, social support and empathic accuracy.