

# Strategy specific support during uncertain waiting periods

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## Abstract

Uncertainty over what the future holds can be a source of anxiety and worry, and people use a variety of coping strategies in response to this distress. However, limited research has examined whether and how interpersonal factors might influence how exactly people choose to cope with uncertainty. In the current studies, we explore how perceptions of a romantic partner's strategy-specific support behaviors (e.g., support for bracing for the worst, support for maintaining optimism) relate to the coping strategies used by the person facing stressful uncertainty. Study 1 recruited doctoral students on the academic job market and found that those on the job market (support recipient) reported greater use of particular coping strategies to the extent that they perceived their partner (support provider) as supporting the use of that coping strategy. In Study 2, we built on those findings by recruiting law school graduates and their romantic partners as they awaited the law graduate's bar exam result. We largely replicated the pattern of findings from Study 1 when looking at law graduates' perceptions of their partner's support attempts; however, partners' reports of their support efforts were unassociated how law graduates coped, despite finding no mean-level differences between the two parties' perceptions of support efforts. Further analyses revealed that, depending on the coping strategy, either partners' own coping efforts or their perceptions of the law graduate's coping efforts predicted the type of support they provided. We discuss implications of these findings for relationship functioning and interpersonal support.

## Keywords

Social support, uncertainty, coping, interpersonal emotion regulation

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## Introduction

Imagine a friend, whom we will call Reese, is in the following situation: The company that Reese works for is currently undergoing a reorganization and Reese has heard rumors that some jobs might be cut. Unfortunately, nobody seems to be able to offer Reese a clear answer on their chances of keeping their position. As a result, Reese is uncertain regarding the future and must determine how they are going to navigate waiting for news about potential layoffs. Anyone in Reese's shoes would experience distress; in fact, uncertainty over what the future holds can provoke anxiety and worry (Dugas et al., 2004; Sweeny et al., 2016; Poole, 1997; see Sweeny, 2018 for a review). Such uncertainty is a common and ubiquitous human experience—often people must wait for important information, such as medical test results, professional evaluations, or the outcome of company reorganizations.

Over the past decade, numerous studies have documented the coping strategies people typically adopt to handle these stressful experiences (e.g., Howell & Sweeny, 2016; Sweeny & Andrews, 2014; Sweeny et al., 2016), but these studies have found mixed support for the benefits and costs of various strategies (e.g., maintaining optimism, engaging in distraction) for health and well-being. However, these studies have neglected the interpersonal context of many waiting periods. In our example, Reese may confide in their romantic partner, Presley, regarding their uncertainty about the future. In those interactions, Presley might suggest ways to cope with Reese's uncertainty. In the current study, we investigated the effects of strategy-specific support behaviors (i.e., support behaviors that direct someone toward a particular coping strategy) in two samples of people awaiting uncertain news. We begin by exploring the nature of uncertain waiting periods.

### *Waiting for uncertain news*

With many of life's stressors, people can prepare for the future by making plans for next steps. Returning to the earlier scenario, Reese will likely experience high levels of stress if they are fired, but the appropriate course of action (e.g., apply for new jobs) is relatively clear. In contrast, when people are awaiting uncertain news (e.g., possibility of impending lay-offs), the appropriate course of action is less certain. Is Reese better off getting a jump on the job search or focusing on their current position in hopes it will be safe?

This type of uncertainty regarding how one should prepare for future potentialities is highly anxiety-provoking (Boivin & Lancaster, 2010; Sweeny & Andrews, 2014). Anxiety during uncertain waiting periods tends to surpass the anxiety experienced upon facing an undesirable outcome (Sweeny & Falkenstein, 2015) and can even rival levels of anxiety associated with general anxiety disorder (Scott, 1983). Such anxiety can interfere with people's ability to handle other stressors simultaneously (Monat et al., 1972), and both physical health and sleep quality suffer as people attempt to cope with their uncertainty (Howell & Sweeny, 2016; Sweeny & Medina, 2022).

A growing body of research identifies cognitive and behavioral strategies that individuals use to navigate the stress of uncertainty, as well as how the use of these strategies

**Table 1.** Definitions and examples of waiting strategies.

	Definition	Example
<b>Reappraisal Strategies</b>		
Bracing	Embracing pessimism about an uncertain outcome to prepare for worst-case scenarios	Reese assumes they will be laid off from work in the near future to prepare for the worst
Optimism	Embracing optimism about the uncertain outcome	Reese chooses to believe they will not be laid off from work
Benefit finding	Looking for silver linings of bad news while the outcome is still uncertain	Reese looks forward to the opportunity to make a career transition if they are laid off
Distancing	Downplaying the importance of the uncertain outcome	Reese tries to remember that other things in life are more important than their job
<b>Direct emotion management strategies</b>		
Distraction	Seeking out diversions from thinking about the uncertain outcome	Reese spends time watching TV or playing video games to avoid thinking about lay-offs
Suppression	Minimizing feelings or expressions of worry about the outcome	Reese hides their worry about lay-offs from friends and family

shifts across a waiting period (Sweeny & Cavanaugh, 2012; Sweeny et al., 2016). These *waiting strategies*, outlined in the uncertainty navigation model (Sweeny & Cavanaugh, 2012), mitigate anxiety by providing comfort during uncertain and uncontrollable situations, whether by planning for the future or managing thoughts and feelings about the stressful uncertainty. Included among these waiting strategies are *reappraisal* (bracing for the worst, maintaining hope and optimism, focusing on silver linings of undesirable outcomes, and diminishing the importance of the outcome) and *direct emotion management* (suppressing or distracting oneself from thoughts and feelings about the outcome). See Table 1 for definitions and examples of these strategies.

People awaiting uncertain news often shift between strategies, and certain strategies are more prevalent at predictable times during the waiting period (Boivin & Lancaster, 2010; Sweeny & Andrews, 2014). For example, people tend to become more pessimistic (i.e., bracing for the worst) as the moment of truth arrives (Carroll et al., 2006). Research continues to explore the strategies and resources that people use to cope with uncertainty, including the factors that contribute to someone using one strategy over another at a given time. For instance, individual differences such as dispositional optimism, defensive pessimism, and intolerance of uncertainty play a significant role in uncertainty navigation strategy selection (Sweeny & Andrews, 2014), and characteristics of the waiting period itself (e.g., importance of the outcome, duration of the wait) predict use and timing of coping strategies (Dooley et al., 2018). However, even accounting for these factors, significant variability remains regarding people's choice of strategies to deal with uncertain waiting periods.

As with most stressful experiences, people often interact with friends and loved ones during stressful waiting periods in ways that may influence how they cope. However, the primary focus of most uncertain waiting period research has been on *intrapersonal/extrinsic* approaches to emotion regulation despite evidence in other literature of the benefit of *interpersonal/intrinsic* emotion regulation (English & Eldesouky, 2020; Marroquin et al., 2019; Williams et al., 2018). The uncertainty navigation model, and previous research guided by it, neglects the role of other people in determining how people cope with uncertainty. The current investigation, therefore, explores how interactions with close others might promote or inhibit people's choice of coping strategies.

### Support from others

Availability of social support is a critical resource for managing stressful life events and plays a considerable role in both mental and physical health (Taylor, 2011). Social support refers to the perception that one is loved and cared for, esteemed and valued, and part of a social network of mutual assistance and obligations (Wills, 1985). Researchers have explored social support related to mental and physical health from many perspectives, such as functional components (e.g., informational, tangible; Barrera, 2000; Cohen et al., 1985; Wills & Shinar, 2000), valence (Maisel et al., 2008), and visibility (Bolger & Amarel, 2007). Positive interactions with supportive others can reduce distress (Fleming et al., 1982; Sarason et al., 1983) and help people move past traumatic events (Mehnert et al., 2010). Socially supportive interactions can reinforce one's sense of capability and resource availability to handle a stressor, as well as reaffirm the presence of a safe haven to temporarily escape the stressor (Collins & Feeney, 2000; Dunkel-Schetter et al., 1987; Hornstein, et al., 2016; Thoits, 1995). Communication about stressors can also facilitate self-reflection and organization of thoughts to better assess the situation, potentially affecting both primary and secondary appraisal of the stressor (Szkody & McKinney, 2020). Perhaps, then, people's propensity to turn to their support networks during stressful life events is unsurprising (see Bolger & Eckenrode, 1991; Cohen & Wills, 1985; Uchino et al., 1996; Wethington & Kessler, 1986). Although people may seek support from relatives, friends, or other members of their support network, the most common source of support for many people is their romantic partner (Zimet et al., 1998)—and uncertain waiting periods are no exception. While awaiting bar exam results, 93% of law graduates who were in a romantic relationship talked to their partner about the exam immediately after the exam, and 96% talked with their partner about the exam immediately before receiving their results (Dooley et al., 2018). Effective support from a romantic partner during this high-stakes professional waiting period was in turn associated with better reported health and sleep quality.

Support from romantic partners during uncertain waiting periods may also influence how recipients of that support cope with the waiting period—that is, how they reappraise the situation or manage their emotions. Research on interpersonal emotion regulation has established the important role of social interactions for guiding people's responses to all kinds of experiences, including stressful ones (Marroquin et al., 2019; Williams et al., 2018). In our example, Reese may be feeling distressed about possible unemployment

until Presley points out something exciting Reese could do with their newfound free time if fired. Doing so might guide Reese to consider possible benefits of unemployment, thus reducing their distress.

In the context of stressful waiting periods, the inherent uncertainty presents a particular challenge for determining a strategic course of coping, which might intensify the influence of loved ones' input into the coping process. However, no research to date has addressed the role of interpersonal emotion regulation in these contexts. Strategy-specific support behaviors in particular (i.e., social support that points the recipient toward a particular coping strategy) may steer support recipients' use of particular coping strategies during periods of stressful uncertainty. In the current study, we contribute to the literature by exploring how strategy-specific support behaviors from a romantic partner promote a person's use of the respective strategy. This novel form of interpersonal emotion regulation—guiding someone else's approach to coping—is largely absent from existing frameworks for understanding interpersonal emotion regulation (Niven et al., 2009), and uncertain waiting periods provide a valuable lens from which to explore this phenomenon.

## Overview

We examined the dynamic of strategy-specific support in two studies of stressful waiting periods: the wait for news from academic job applications among PhD students (Study 1) and the wait for bar exam results among recent law graduates (Study 2). In Study 1, we collected data only from the support recipient—that is, the person on the job market—and asked recipients to report their perceptions of support providers' efforts. We hypothesized that recipients would report greater use of coping strategies that they perceived their partner to be supporting (*Hypothesis 1*).

In Study 2, we collected data from both providers and recipients, allowing us to build on Study 1 by examining the match (or mismatch) between recipients' and providers' perceptions of support. Research on social support demonstrates inconsistency between recipients' and providers' perceptions of support in the context of romantic relationships (Bolger & Eckenrode, 1991; Gable et al., 2003; Tanner et al., 2018). Thus, we tentatively hypothesized that support recipients in our study would inaccurately or inconsistently perceive the strategy-specific support efforts of providers (*Hypothesis 2*). We also tested an exploratory question: To what extent do support providers project their personal coping strategies and/or affirm the strategies the recipient is already using (*Exploratory Question 1*)?

## Study 1

### Method

**Participants.** We recruited PhD students ( $N = 141$ ; 59% female-identifying; 41% male-identifying;  $M_{age} = 30.14$  years; 75% Caucasian, 11% Asian, 6% Hispanic/Latinx, 2% African American, 1% Native American, 6% other/multiple) who were applying to academic positions during the 2016–17 academic year. The most common fields of our

participants were interdisciplinary studies (18%), humanities (17%), psychology (16%), physical sciences (9%), and health and medicine (9%). Participants had been in their doctoral program for 5 years on average ( $M = 5.45$ ,  $SD = 1.73$ ) and applied to an average of 27 positions in the relevant year.

**Procedure.** Participants completed monthly surveys during the academic year, starting in October and ending in April. Participants who completed the full study received \$80 in Amazon gift cards. As part of each survey, participants indicated whether they had secured a position since the previous survey and whether they were in a romantic relationship. For the current study, we used only a subset of the larger project dataset<sup>1</sup> that included responses from participants who had not yet secured employment and were in a romantic relationship at the relevant timepoint. Thus, participants varied in the number of relevant surveys used for the following analyses. For consistency of terminology, from this point forward we refer to the PhD students enrolled in our studies as *recipients* (i.e., support recipients) and the romantic partners of these PhD students as *providers* (i.e., support providers). Both studies presented here were reviewed and approved by the University of California, Riverside Institutional Review Board.

**Measures.** Relevant to this paper, recipients completed two sets of measures in each survey: their perceptions of the providers' strategy-specific support and their own specific strategy use. These items are modified from items used in previous research on uncertain waiting periods (e.g., Sweeny & Andrews, 2014; Sweeny et al., 2016). Many of the measures consist of only one or two items, but similar approaches have been successful in assessing coping in previous studies of similar contexts.

**Perceptions of strategy-specific support.** Recipients first indicated whether they were in a romantic relationship (average % in a relationship across surveys = 75%), then whether they "talked to [their] partner about the job market in the past week" (average % who talked to their partner across surveys = 87%). Those who responded "yes" to both items then indicated the extent to which their partner engaged in a series of strategy-specific support behaviors "when [they] talked to [their] partner about the job market." These behaviors were as follows (for all, 1 = "strongly disagree", 7 = "strongly agree"): bracing support ("My partner helped me to brace for the worst";  $M = 4.27$ ,  $SD = 1.63$ ), optimism support ("My partner helped me to be optimistic";  $M = 5.55$ ,  $SD = 1.28$ ), benefit finding support ("My partner helped me to focus on good things that might come from failing to secure a desirable position this year";  $M = 4.68$ ,  $SD = 1.63$ ), distancing support ("My partner helped me remember that to not secure a desirable position this year would not mean that I am incompetent or unqualified";  $M = 4.92$ ,  $SD = 1.54$ ), distraction support ("My partner helped me distract myself from thoughts about the job market";  $M = 4.92$ ,  $SD = 1.54$ ), and suppression support ("My partner helped me suppress my feelings about the job market";  $M = 3.84$ ,  $SD = 1.48$ ).

**Strategy use.** Recipients also indicated the extent to which they were actually engaging in the relevant coping strategies (1 = "strongly disagree", 7 = "strongly agree").<sup>2</sup> bracing

for the worst (2 items; e.g., “I’m bracing for the worst when it comes to the job market this year”;  $M = 4.80$ ,  $SD = 1.12$ , average  $r = 0.57$ ), optimism (2 items; e.g. “I’m trying to be optimistic when it comes to the job market this year”;  $M = 5.36$ ,  $SD = 1.14$ , average  $r = 0.72$ ), benefit finding (3 items; e.g., “I feel like I’ll learn something from the experience if I do not secure a desirable position this year”;  $M = 4.21$ ,  $SD = 1.33$ , average  $\alpha = 0.80$ ), distancing (3 items; e.g. “Success on the job market doesn’t really indicate anything important”;  $M = 3.73$ ,  $SD = 1.13$ , average  $\alpha = 0.79$ ), distraction (“I’ve been trying to distract myself from thinking about the job market”;  $M = 3.94$ ,  $SD = 1.39$ ), and suppression (2 items; e.g., “I’ve been trying to stop myself from thinking about the job market,”;  $M = 3.72$ ,  $SD = 1.38$ , average  $r = 0.78$ ).

## Results

Using SAS 9.4 PROC MIXED, we examined links between perceptions of strategy-specific support behaviors and strategy use. We ran multilevel models predicting recipients’ use of each coping strategy from person- and grand-mean centered perceptions of that strategy-specific support behavior. These centered variables represented within- and between-persons effects, respectively. For each analysis, we focused on the matched pairs (e.g., bracing support with bracing as a coping strategy). Given the large number of analyses, we focus throughout the paper on associations significant at  $p < .01$ .

**Support and strategy use.** The first two columns in [Table 2](#) presents the results of multilevel models linking recipients’ perceptions of strategy-specific support with their own use of relevant coping strategies, testing *Hypothesis 1*. Between-persons effects indicate the extent to which people’s average support perceptions across the study predicted strategy use on average throughout the study (e.g., whether people whose partners encourage bracing more, in general, also brace more, in general). Within-person effects indicate the extent to which participants reported engaging more or less in a particular strategy at times when they perceived more or less of that strategy-specific support (e.g., whether people were particularly likely to brace at times when their partner was particularly supporting bracing).

The between-persons effect was statistically significant and positive for bracing, optimism, benefit finding, and suppression. To use bracing as an example, recipients who perceived that their provider gave more bracing support on average also tended to report bracing more on average across the study.

The within-person person effect was statistically significant and positive for benefit-finding and suppression. Using suppression as an example, at times when recipients perceived that their provider was engaging in more suppression support than usual, participants also reported engaging in more suppression than usual.

## Study 2

The results of Study 1 partially supported our hypothesis (*Hypothesis 1*) that recipients would engage more in specific coping strategies to the extent that they perceived their

**Table 2.** Results from multilevel models predicting recipients' strategy use from recipients' perceptions of support.

Recipients' perceptions of providers' support behaviors	Recipients' use of relevant coping strategy			
	Study 1		Study 2	
	<i>b</i> (se)	95% CI	<i>b</i> (se)	95% CI
<b>Bracing</b>				
Between-persons	0.27** (0.06)	[0.15, 0.39]	0.38** (0.12)	[0.15, 0.61]
Within-person	0.06 (0.05)	[-0.04, 0.16]	0.09 (0.09)	[-0.09, 0.27]
<b>Optimism</b>				
Between-persons	0.27** (0.07)	[0.13, 0.42]	0.40** (0.11)	[0.18, 0.61]
Within-person	0.15* (0.06)	[0.04, 0.27]	0.23** (0.08)	[0.06, 0.40]
<b>Benefit finding</b>				
Between-persons	0.45** (0.33)	[0.33, 0.57]	0.32** (0.12)	[0.09, 0.55]
Within-person	0.19** (0.05)	[0.09, 0.28]	0.08 (0.07)	[-0.06, 0.23]
<b>Distancing</b>				
Between-persons	0.15* (0.07)	[0.01, 0.29]	0.20** (0.05)	[0.11, 0.30]
Within-person	0.04 (0.05)	[-0.06, 0.15]	0.05 (0.05)	[-0.04, 0.15]
<b>Distraction</b>				
Between-persons	0.22* (0.09)	[0.04, 0.41]	0.62** (0.11)	[0.41, 0.83]
Within-person	0.19** (0.07)	[0.04, 0.33]	0.22 (0.11)	[0.00, 0.44]
<b>Suppression</b>				
Between-persons	0.32** (0.08)	[0.16, 0.48]	0.31** (0.10)	[0.11, 0.51]
Within-person	0.15** (0.05)	[0.05, .026]	<.0001 (.012)	[-.024, .024]

Note: \* $p < .05$ , \*\* $p < .01$ . Between-persons effects refer to the grand-mean centered predictor; within-person effects refer to the person-mean centered predictor. 95% confidence intervals are around the unstandardized coefficient (*b*).

provider to support that strategy. The findings were quite consistent with this hypothesis for between-persons effects—present for four of the six coping strategies, and not significant, but in the same direction for the other two—but less consistent for within-person effects—present for only two of the six coping strategies. These findings can be interpreted in at least two ways. First, it may be that providers who consistently provide strategy-specific support prompt the support recipient toward the relevant coping strategy. However, it may also be that recipients who are prone to engaging in particular coping strategies are egocentrically prone to perceive (or at least report) that their provider is supporting their use of those strategies. Study 2 attempts to disentangle these explanations by gathering reports of support provision from the partners themselves. Specifically, we examined whether support recipients and providers perceive the provider to be supporting the same coping strategies that the recipient reports utilizing (testing *Hypothesis 2*).

By collecting data from support providers in Study 2, we were also able to explore predictors of their reported support provision. We examined two potential predictors:



providers' personal use of coping strategies and providers' perceptions of how the recipient was coping (*Exploratory Question 1*). Put another way, rather than attempting to determine the perfect type of support to match the recipient's needs, support providers may simply project their personal coping strategies or affirm the strategies the recipient is already using.

## Method

**Participants.** As part of a larger study on the wait for bar exam results<sup>3</sup>, law graduates taking the July 2016 California bar exam ( $N = 125$ ; 61% female-identifying; 39% male-identifying'  $M_{age} = 27.74$  years; 61% Caucasian, 19% Asian or Pacific Islander, 7% Hispanic/Latinx, 2% African-American, 11% other/multiple) were recruited from law schools across the United States. As part of the recruitment process, we also offered romantic partners of participants the chance to enroll in the study. For partners to be eligible, the couple must have been in the relationship for at least 3 months. The current study exclusively utilizes this subsample of the larger study ( $n = 66$  dyads). We refer to the law graduates enrolled in our study as *recipients* and the partners of these law graduates as *providers*. The term *participants* will refer to both parties simultaneously.

**Procedures.** All participants provided consent after the initial recruitment period and prior to completing the baseline survey. The surveys relevant to this investigation were completed between completion of the bar exam (July 2016) and the day exam results were posted online (November 2016). Support recipients (those who took the bar exam) and support providers (their romantic partners) completed surveys at two overlapping time points during the waiting period: 3 days after recipients completed the bar exam (66 dyads) and within 24 hours prior to learning exam results (56 dyads). All participants received \$10 for each completed survey.

**Recipient measures.** Relevant to this investigation, support recipients completed two sets of measures in each survey: (1) their perceptions of the provider's strategy-specific support and (2) their own strategy use. As in Study 1, these items are modified from items used in previous research on uncertain waiting periods.

**Perceptions of strategy-specific support.** As in Study 1, recipients indicated whether they "talked to [their] partner about the bar exam in the past week" (average % who talked to their partner across surveys = 74%). Those who responded "yes" to that item then responded to the same set of items addressing perceptions of support behaviors as described in Study 1, with the wording changed to refer to the bar exam rather than the job market: bracing support ( $M = 3.69$ ,  $SD = 1.89$ ), optimism support ( $M = 5.75$ ,  $SD = 1.39$ ), benefit finding support ( $M = 3.10$ ,  $SD = 1.71$ ), distancing support ( $M = 4.35$ ,  $SD = 1.99$ ), distraction support ( $M = 5.27$ ,  $SD = 1.59$ ), and suppression support ( $M = 3.67$ ,  $SD = 1.78$ ).

**Strategy use.** Recipients also responded to the same set of items addressing use of coping strategies as in Study 1 (with the exception of distancing, distraction, and

suppression—for which we used different measures, see below), reworded to be applicable to the bar exam: bracing for the worst ( $M = 4.19$ ,  $SD = 1.72$ ,  $r = 0.67$ ), optimism ( $M = 6.04$ ,  $SD = 1.15$ ,  $r = 0.59$ ), benefit finding ( $M = 3.21$ ,  $SD = 1.47$ ,  $\alpha = 0.79$ ), distancing (4 items, e.g., “The bar exam doesn’t really measure anything important”;  $M = 4.27$ ,  $SD = 1.35$ , average  $\alpha = 0.74$ ), distraction (4 items; e.g., “I’ve been trying to distract myself from thinking about my bar exam result”;  $M = 4.21$ ,  $SD = 1.51$ , average  $\alpha = 0.83$ ), and suppression (4 items, e.g., “I’ve been trying to stop myself from thinking about the bar exam result”;  $M = 4.15$ ,  $SD = 1.49$ , average  $\alpha = 0.83$ ).

**Provider measures.** Relevant to this investigation, support providers completed measures of: (1) support provided, (2) their own use of coping strategies, and (3) their perceptions of the recipient’s use of coping strategies.

**Strategy-specific support.** Providers first indicated whether their partner had “talked to [them] about the bar exam in the past week” (average % who were talked to by their partner across surveys = 83%). Providers indicated the extent to which they felt they had provided strategy-specific support on items mirroring those completed by recipients (for all, 1 = “strongly disagree”, 7 = “strongly agree”): bracing support (“I helped my partner to brace for the worst”;  $M = 4.02$ ,  $SD = 1.80$ ), optimism support (“I helped my partner to be optimistic”;  $M = 6.08$ ,  $SD = .89$ ), benefit finding support (“I helped my partner to focus on good things that might come from failing the bar exam”;  $M = 3.63$ ,  $SD = 1.99$ ), distancing support (“I helped my partner remember that failing the bar exam would not mean that s/he is incompetent or unqualified to practice law”;  $M = 4.71$ ,  $SD = 1.95$ ), distraction support (“I helped my partner distract him/herself from thoughts about the bar exam”;  $M = 5.04$ ,  $SD = 1.60$ ), and suppression support (“I helped my partner suppress his/her feelings about the bar exam”;  $M = 3.26$ ,  $SD = 1.71$ ).

**Personal strategy use.** Providers responded to a similar set of items addressing their use of coping strategies as did recipients: bracing for the worst (2 items, e.g., “I’m bracing for the worst when it comes to my partner’s bar exam result”;  $M = 3.16$ ,  $SD = 1.49$ , average  $r = 0.67$ ), hope/optimism (2 items, e.g., “I’m trying to be optimistic about my partner’s bar exam result”;  $M = 6.57$ ,  $SD = 0.55$ , average  $r = 0.59$ ), benefit finding (3 items, e.g., “I feel like my partner would grow as a person if s/he fails the bar exam”;  $M = 3.65$ ,  $SD = 1.48$ , average  $\alpha = 0.79$ ), and distancing (4 items, “I’ve been trying to distract myself from thinking about my partner’s bar exam result”;  $M = 4.19$ ,  $SD = 1.22$ , average  $\alpha = 0.74$ ). Due to a survey programming error, we did not assess distraction or suppression among providers.

**Perceptions of recipient strategy use.** Providers responded to a third set of items addressing their perceptions of the extent to which their partner (the support recipient) was using each specific coping strategy: bracing for the worst (2 items, e.g., “My partner is bracing for the worst when it comes to their bar exam result”;  $M = 3.90$ ,  $SD = 1.64$ , average  $r = 0.67$ ), optimism (2 items, e.g., “My partner is trying to be optimistic about his/her bar exam result”;  $M = 5.84$ ,  $SD = 1.32$ , average  $r = 0.59$ ), benefit finding (1 item, “My

partner is trying to focus on good things that might come from failing the bar exam”;  $M = 3.22$ ,  $SD = 1.70$ ), distancing (1 item, “My partner has been trying to remind him/herself that failing the bar exam would not mean that s/he is incompetent or unqualified to practice law”;  $M = 3.88$ ,  $SD = 1.87$ ), distraction (1 item, “My partner has been trying to distract him/herself from thinking about his/her bar exam result”;  $M = 4.83$ ,  $SD = 1.41$ ) and suppression (2 items, e.g., “My partner has been trying to stop him/herself from thinking about his/her bar exam result”;  $M = 3.94$ ,  $SD = 1.26$ ).

## Results

Analyses proceeded in four phases. We first sought to replicate the findings from Study 1 with multilevel models linking recipients’ perceptions of strategy-specific support behaviors and their own strategy use (again focusing on the logical pairs; testing *Hypothesis 1*). [Table 2](#) presents model parameters.

Second, we ran multilevel models linking providers’ reports of the support they provided with recipients’ reports of their own strategy use. These analyses build on Study 1 by examining the relationship between support provision and strategy use from a new perspective—that of the provider (further testing *Hypothesis 1*). [Table 4](#) presents model parameters.

Third, we examined the match between (a) recipients’ perceptions of providers’ support and (b) providers’ own reports of their support efforts ([Table 3](#)). Although these analyses are not central to our exploratory research questions, understanding the extent to which recipients’ perceptions matched providers’ reports is useful for contextualizing any differences between the results of our first and second sets of analyses. To this end, we examined correlations between recipients’ and providers’ reports at each time point to determine rank-order similarities and paired-samples t-tests for mean-level comparisons between reports. (testing *Hypothesis 2*).

Finally, we ran multilevel models examining predictors of providers’ reports of the support they provided ([Table 5](#)). These analyses address the question of whether support providers may have been egocentric in their support, tending to guide recipients toward the strategies they themselves were using, or recipient-focused in their support, tending to guide recipients toward the strategies they perceived the recipient was already using (*Exploratory Question 1*). Given the sample size of our study and number of analyses, we again focus on results significant at  $p < .01$ .

**Support and strategy use.** The last two columns in [Table 2](#) present the results of multilevel models linking participants’ perceptions of strategy-specific support with their own use of relevant coping strategies. The findings largely replicated the between-persons effects in Study 1: All between-person effects were significant and positive (i.e., bracing, optimism, benefit-finding, distancing, distraction, and suppression), consistent with *Hypothesis 1*. However, we found only one significant within-persons effects (perceptions of optimism support predicting use of optimistic strategies).

Moving to providers’ reports of support ([Table 4](#)), no strategy-specific support behavior reported by the provider predicted recipients’ use of the respective strategies,

**Table 3.** Study 2 correlations and paired sample t-tests between recipients' and providers' reports of support.

	<i>r</i>	<i>t</i>	Recipient <i>M</i> ( <i>SD</i> )	Provider <i>M</i> ( <i>SD</i> )
Bracing	0.19	-1.39	3.66 (1.91)	4.01 (1.81)
Optimism	0.30**	-2.62*	5.72 (1.36)	6.1 (0.87)
Benefit-finding	0.11	-2.22*	2.95 (1.65)	3.52 (1.94)
Distancing	0.24*	-1.34	4.35 (2.04)	4.7 (1.94)
Distraction	0.19	1.39	5.28 (1.53)	4.99 (1.6)
Suppression	-0.10	2.11*	3.76 (1.86)	3.18 (1.65)

Note: \* $p < .05$ , \*\* $p < .01$ .

contrary to *Hypothesis 1*. Put another way, recipients' perceptions of providers' support broadly predicted their strategy use, whereas providers' perceptions of their own support efforts did not.

*Recipient and provider support agreement.* Table 3 presents results from correlations and paired sample t-tests comparing recipients' and providers' reports of support provision. We found that only supportive behaviors targeted at optimism were significantly correlated at  $p < .01$  (distancing was significant at  $p < .05$ ). That is, recipients perceived greater optimism support from providers who indicated they were providing more of that type of support, but otherwise provider and recipient reports were not significantly related, largely consistent with *Hypothesis 2*. Despite this disconnect between providers and recipient perceptions, results of paired sample t-tests identified no significant differences between recipients and providers in their reports of the levels of strategy-specific support received/provided.

To summarize, although the match between provider and recipient perceptions within relationships were inconsistent, they were not systematically inconsistent. That is, there was no clear pattern of either the recipient or the provider perceiving significantly more or less of each type of support during the waiting period.

*Providers' coping and support.* Finally, we ran analyses to determine predictors of support provision, testing *Exploratory Question 1*. Table 5 (Model 1) presents the results of multilevel models predicting providers' strategy-specific support from grand- and person-mean centered coping strategy use by providers. These results generally point to a tendency for providers to nudge recipients toward the same strategies they themselves were using to cope. Specifically, providers who personally engaged in more bracing, optimism, and benefit finding were also more likely to report giving bracing support, optimism support, and benefit finding support (respectively) on average. No within-person effect (using person-mean centered variables) was significant.

Model 2 (middle two columns of Table 5) represents multilevel models predicting providers' strategy-specific support from grand- and person-mean centered perceptions of

**Table 4.** Study 2 results from multilevel models predicting recipients' strategy use from providers' reports of support.

Provider-reported support behaviors	Recipients' use of relevant coping strategy	
	<i>b</i> (se)	95% CI
Bracing		
Between-persons	0.16 (0.12)	[−0.09, 0.41]
Within-person	0.21 (0.14)	[−0.08, 0.50]
Optimism		
Between-persons	0.26 (0.14)	[−0.02, 0.54]
Within-person	−0.23 (0.24)	[−0.72, 0.25]
Benefit finding		
Between-persons	0.17 (0.09)	[−0.02, 0.35]
Within-person	−0.02 (0.12)	[−0.26, 0.21]
Distancing		
Between-persons	0.06 (0.05)	[−0.05, 0.16]
Within-person	0.07 (0.07)	[−0.08, 0.21]
Distraction		
Between-persons	−0.04 (0.13)	[−0.30, 0.21]
Within-person	−0.16 (0.15)	[−0.47, 0.15]
Suppression		
Between-persons	0.03 (0.12)	[−0.20, 0.26]
Within-person	0.07 (0.20)	[−0.34, 0.48]

Note: \* $p < .05$ , \*\* $p < .01$ . Between-persons effects refer to the grand-mean centered predictor; within-person effects refer to the person-mean centered predictor. 95% confidence intervals are around the unstandardized coefficient (*b*).

recipients' coping. The results suggest that, with the exception of optimism support, providers attempted to provide support that matched their perceptions of how recipients were coping. That is, providers who perceived their partners as bracing, benefit-finding, and distancing also reported more provision of those respective strategies. No within-person effect (using person-mean centered variables) was significant.

Finally, Model 3 (last two columns in Table 5) represents multilevel models including both predictors simultaneously (providers' use of relevant coping strategy and providers' perceptions of recipients' strategy use). In this model, only providers' personal use of bracing predicted bracing support; only perceptions of recipients' coping predicted benefit finding and distancing support (the within-person effect is also significant for benefit finding in this model); and neither personal coping nor perceptions of recipients' coping predicted optimism support.

**Table 5.** Study 2 Results from Multilevel Models Predicting Providers' Reports of Support from Providers' Strategy Use and Providers' Perceptions of Recipients' Strategy Use.

Provider reports of relevant strategy-specific support							
		Model 1:		Model 2:		Model 3:	
		<i>b</i> (se)	95% CI	<i>b</i> (se)	95% CI	<i>b</i> (se)	95% CI
Bracing							
Provider use of relevant coping strategy	Between persons	0.57** (0.15)	[0.26, 0.88]			0.47** (0.18)	[0.12, 0.83]
	Within-persons	0.10 (0.18)	[-0.27, 0.48]			-0.06 (0.19)	[-0.45, 0.34]
Provider perception of recipient use of relevant coping strategy	Between persons			0.34* (0.14)	[0.07, 0.61]	0.15 (0.15)	[-0.15, 0.44]
	Within-persons			0.38* (0.18)	[0.01, 0.75]	0.40 (0.20)	[-0.02, 0.81]
Optimism							
Provider use of relevant coping strategy	Between persons	0.41* (0.20)	[0.01, 0.81]			0.41 (0.21)	[-0.01, 0.83]
	Within-persons	0.40 (0.23)	[-0.07, 0.88]			0.46 (0.24)	[-0.04, 0.96]
Provider perception of recipient use of relevant coping strategy	Between persons			0.04 (0.09)	[-0.14, 0.22]	0.00 (0.09)	[-0.18, 0.18]
	Within-persons			-0.01 (0.11)	[-0.24, 0.23]	-0.08 (0.11)	[-0.31, 0.16]
Benefit-finding							
Provider use of relevant coping strategy	Between persons	0.65** (0.16)	[0.33, 0.98]			0.22 (0.15)	[-0.08, 0.52]
	Within-persons	0.42* (0.17)	[0.06, 0.78]			0.33 (0.17)	[-0.03, 0.68]

(continued)

**Table 5.** (continued)

Provider reports of relevant strategy-specific support							
		Model 1:		Model 2:		Model 3:	
		<i>b</i> (se)	95% CI	<i>b</i> (se)	95% CI	<i>b</i> (se)	95% CI
Provider perception of recipient use of relevant coping strategy	Between persons			0.85** (0.11)	[0.62, 0.08]	0.76** (0.13)	[0.50, 0.03]
	Within-persons			0.61* (0.22)	[0.16, 0.06]	0.49* (0.22)	[0.05, 0.94]
Distancing	Between persons	0.32 (0.31)	[-0.29, 0.94]			-0.02 (0.17)	[-0.36, 0.33]
	Within-persons	0.18 (0.43)	[-0.70, 0.06]			0.23 (0.34)	[-0.46, 0.93]
Provider perception of recipient use of relevant coping strategy	Between persons			0.58** (0.11)	[0.36, 0.79]	0.58** (0.11)	[0.36, 0.80]
	Within-persons			0.19 (0.22)	[-0.25, 0.64]	0.23 (0.22)	[-0.23, 0.68]

Note: \* $p < .05$ , \*\* $p < .01$ . Between-persons effects refer to the grand-mean centered predictor; within-person effects refer to the person-mean centered predictor. 95% confidence intervals are around the unstandardized coefficient (*b*).

## Discussion

Across two studies of individuals awaiting uncertain news, we tested two hypothesis and one exploratory research question regarding associations between strategy-specific support and experiences during uncertain waiting periods: 1) we hypothesized that support recipients would engage in coping strategies that align with the strategies that providers support (*Hypothesis 1*); 2) we hypothesized that recipients and providers would perceive support differently (*Hypothesis 2*); and 3) we explored predictors of providers' support, namely their own coping efforts and their perception of the recipient's coping efforts (*Exploratory Question 1*).

As hypothesized (*Hypothesis 1*), we found some consistency between recipients' perceptions of strategy-specific support and their use of relevant coping strategies (e.g., people who thought their partners supported bracing engaged in more bracing)—although these associations were far more prevalent when considering the waiting period as a whole rather than survey-to-survey fluctuations in support and coping, and they emerged only when assessing support via recipients' perceptions rather than providers' reports.

Also as hypothesized, we found a disconnect between providers' and recipients' perceptions of support when we asked the providers about their own support behavior in Study 2. That is, providers' reports of their own supportive efforts were largely unrelated to recipients' perception of those efforts.

Finally, we explored two possible sources of providers' support: (a) egocentric provision of the strategies they themselves were using to cope, and (b) partner-focused provision of the strategies they perceived the recipient was already using (Study 2). Here we found evidence for both explanations, though whether providers' support appeared to be more internally-motivated (based on own strategy use) or externally-motivated (based on recipients' strategy use) differed across coping strategies. In the following section, we explore these findings in more depth and discuss implications for support during uncertain waiting periods.

### *Did Perceptions of support receipt predict coping?*

Although we found little evidence that intentional support *provision*—what providers said they were doing—predicted recipients' coping efforts, recipients' *perceptions* of support were consistently relevant. That is, people engaged in strategies that they *perceived* their partner supported, in general. We also found in both studies that during times when recipients perceived greater support targeting their optimistic outlook, they also engaged in more optimism. To return to our example from earlier, Reese (the support recipient) is more likely to maintain optimism about keeping their job if they perceive that Presley (the support provider) encourages that type of coping in general (ditto for lots of other coping strategies), and Reese is particularly likely to be optimistic at times when they perceive that Presley is encouraging that type of coping more than usual (unique to optimism). The between-person findings are consistent with research on interpersonal emotion regulation suggesting that supportive partners can influence people's choice of emotional coping responses (Marroquin et al., 2019; Williams et al., 2018).



Of course, our pattern of findings suggests that only recipients' perceptions of support were associated with their use of matched strategies; providers' reports of their support were not associated with recipients' strategy use. A consensus has emerged among social support researchers that subjective perceptions of support are more important, often far more important, than the objective provision of support (for a review, see [Taylor, 2011](#)). In fact, the best support is often invisible, such that support recipients report little or no awareness that a loved one is providing them with support (e.g., [Bolger & Amarel, 2007](#)). In the case of our findings, recipients did perceive support from their partner; however, they perceived a different flavor of support than providers offered (according to providers). Although both recipients' and providers' beliefs about support have independent associations with well-being and relationship satisfaction ([Gable et al., 2003](#)), our findings suggest that when it comes to directing how one copes with stress, the support recipient's perceptions are particularly important.

The unique within-person relationship between optimistic strategy use and perception of optimistic support also raises questions about why other strategies are not susceptible to the same benefits of momentary (perceived) support. Optimism is generally a desirable mindset, given its robust associations with health and well-being (see [Carver & Scheier, 2014](#) for a review), and people generally prescribe optimism as a beneficial way to approach the world ([Armor et al., 2008](#)). In light of optimism's appeal, perhaps people are particularly responsive to social support that points them toward a positive outlook on their uncertain future. Optimistic support may also be easier for providers to convey authentically and comfortably, given this positive association with positive responses.

### *Did providers' perceptions relate to recipients' coping?*

Our findings demonstrate a consistent disconnect between providers' and recipients' perceptions of support transactions, such that recipients' and providers' perceptions were only weakly correlated, pointing to rank-order differences in partners' perceptions. Indeed, support providers in general perceived themselves as providing significantly different degrees of optimism, benefit finding, and suppression support than recipients perceived. Past research has revealed inconsistency in agreement between partners regarding supportiveness in a relationship, particularly for positive support behaviors ([Bolger & Eckenrode, 1991](#); [Gable et al., 2003](#); [Tanner et al., 2018](#)). Our findings provide further evidence of this misalignment in perceptions.

What drives such a disconnect? On the one hand, recipients' perceptions may be egocentrically biased, with recipients tending to notice, recall, and/or report support that matched their own strategy use. If Reese (the support recipient) is feeling pessimistic, they might focus primarily on the times Presley (the support provider) discussed job loss or brushed off optimistic comments. Of course, egocentricity is not necessarily unique to support recipients. Providers may also inadvertently report giving support that matches their own strategy use rather than objectively and comprehensively reporting their supportive efforts. If Presley is trying to be optimistic about Reese's job retention, Presley may remember more moments of sharing that optimistic mindset with Reese and forget moments when they conveyed pessimism. In fact, we found that providers' own use of

bracing, optimism, and benefit finding were associated with their reports of concordant support provision.

Our study allowed us to examine whether another potential input—specifically, perceptions of recipients' strategy use—also factored into providers' perceptions of their own supportiveness. If egocentricity was the primary source of providers' support reports, then perceptions of the recipient should not play a role. In fact, supportive efforts targeted at benefit finding and distancing were more strongly predicted by providers' perceptions of recipients' use of those strategies (i.e., affirming recipients' coping strategies) than by providers' own use of those strategies (i.e., projecting their personal coping strategies). Given that the most effective support is responsive to the needs of the recipient (e.g., Reis & Clark, 2013; Ruan et al., 2020), providers may have been onto something when they reflected back recipients' existing efforts to look for silver linings in potential bad news and to distance themselves psychologically from the uncertain outcome. Given the emotional volatility already inherent to stressful waiting periods (Sweeny & Andrews, 2014; Wilson & Sweeny, 2022, under review), providers' ability to responsively adapt their support strategies to the needs and desires of recipients may be particularly valuable in this context.

### *Limitations and future directions*

Our findings highlight the role of strategy-specific support perceptions in how people cope during uncertain waiting periods. However, one notable limitation of our investigation has to do with providers' data in Study 2. Although we surveyed recipients throughout both waiting periods, providers in Study 2 overlapped in survey timing with recipients only at the beginning and end of the waiting period. These two time points tend to have the highest levels of reported support (Dooley et al., 2018), as well as peak levels of anxiety (Sweeny & Andrews, 2014). The relatively calm middle of the waiting period may have different support dynamics that we were unable to address in our investigation.

Moreover, our study is based on retrospective perceptions of recent support behaviors rather than in situ observations. The discrepancy between providers' and recipients' perceptions of support highlights one challenge of studying supportive interactions without direct observation. Even ostensibly impartial outside observers in controlled settings have their own experiential and cultural biases regarding what consists of a supportive behavior (Taylor, 2011). Thus, researchers cannot precisely evaluate the "accuracy" of support perceptions, suggesting that support is largely in the eye of the beholder. Thus, we recognize the need for studies that combine objective observations (to the extent possible) with subjective reports.

Two final limitations are the correlational nature of the findings, which renders causal conclusions about associations among support and strategy use tentative at best, and the smaller-than-ideal sample size in both studies. The relatively cost- and effort-intensive nature of studies that capture real-world stressors over many months, particularly when targeting dyads, limited our ability to recruit large samples. Future studies should introduce experimental manipulations in large, lab-based studies to nail down causal direction and precise effect size estimates.

Despite these limitations, the current findings provide a strong starting point for future studies of strategy-specific support during uncertain waiting periods. Our studies addressed an understudied, common, and uniquely stressful context (waiting for uncertain news; see [Sweeny, 2018](#)), a context in which effective support may be elusive ([Dooley et al., 2018; 2020](#)). We also examined a novel form of interpersonal emotion regulation—guiding someone else’s approach to coping—that is largely absent from existing frameworks for understanding interpersonal emotion regulation ([Niven et al., 2009](#)). The insights revealed by our approach suggest that, like most instances of social support, support during waiting periods is complex and beset by misperceptions and egocentric biases. Of course, just because something is hard does not mean it is not worth doing—and in the case of social support during periods of stressful uncertainty, the benefits for health and well-being ([Dooley et al., 2018](#)) highlight the value of studies that can ease the way.

### Author Note

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### Open research statement

As part of IARR’s encouragement of open research practices, the author(s) have provided the following information: This research was not pre-registered. The data used in the research are available. The data for each study can be obtained at: [https://osf.io/h6ym5/?view\\_only=ba7ede42f85d4a93b2b243f89c6c4f82](https://osf.io/h6ym5/?view_only=ba7ede42f85d4a93b2b243f89c6c4f82) (Study 1). [https://osf.io/mpnqt/?view\\_only=943769ea43ed4fce99bcfd4d5070b879](https://osf.io/mpnqt/?view_only=943769ea43ed4fce99bcfd4d5070b879) (Study 2). The materials used in the research are available. The materials for each study can be obtained at: [https://osf.io/h6ym5/?view\\_only=ba7ede42f85d4a93b2b243f89c6c4f82](https://osf.io/h6ym5/?view_only=ba7ede42f85d4a93b2b243f89c6c4f82) (Study 1). [https://osf.io/mpnqt/?view\\_only=943769ea43ed4fce99bcfd4d5070b879](https://osf.io/mpnqt/?view_only=943769ea43ed4fce99bcfd4d5070b879) (Study 2)

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### Notes

1. Full study measures are available on the Open Science Framework: [https://osf.io/h6ym5/?view\\_only=ba7ede42f85d4a93b2b243f89c6c4f82](https://osf.io/h6ym5/?view_only=ba7ede42f85d4a93b2b243f89c6c4f82)
2. Although this coping scale has not been formally validated, it has been used extensively in other studies of waiting experiences (see supplemental materials for full instruments and citations regarding past usage).
3. All study measures and deidentified data are available on the Open Science Framework ([https://osf.io/mpnqt/?view\\_only=943769ea43ed4fce99bcfd4d5070b879](https://osf.io/mpnqt/?view_only=943769ea43ed4fce99bcfd4d5070b879)).

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