

The Couples Coping Enhancement Training (CCET):

A New Approach to Prevention of Marital Distress Based Upon Stress and Coping

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The Couples Coping Enhancement Training (CCET) (Bodenmann, 1997a; 2000b) is based both upon stress and coping theory and research on couples. In addition to traditional elements of couples programs (e.g., communication and problem solving skills), CCET also addresses individual and dyadic coping in promoting marital satisfaction and reducing marital distress. CCET enjoys good consumer acceptance. Outcome results indicate that, in addition to acquiring relationship skills, participants experienced reduced marital distress and increased marital satisfaction, even among couples that have been in long-standing relationships where dissatisfaction exists.

The main implications for effective marriage/relationship education consist in the following conclusions: 1) the aspect of couples' competencies to deal with daily stress (which include stress communication, emotional support and fairness aspects) should receive high importance in any education program for couples, 2) couples need continuing coaching offers in the form of booster sessions to maintain the learned competencies, and 3) advances in information technology could be a great help to deliver empirically evaluated programs in easily accessible forms to couples in general.

Programs for preventing marital distress and divorce have experienced an increasing interest among professionals and couples in the last few decades. This interest is also reflected in a growing number of publications on the effectiveness of these programs (e.g., Baucom et al., 1998; Halford et al., 2003). Most programs seek to help couples enhance their communication and problem-solving skills with the aim of improving the quality of their relationship while also decreasing the likelihood of divorce (for an overview, see Berger & Hannah, 1999). These programs are mainly founded in social learning theories, humanistic theory, or communication theory and are based upon the knowledge that communication competencies are among the most important predictors of marital success (see meta-analysis by Karney & Bradbury, 1995).

Within this body of empirical knowledge, a new line of research emerged in the 1990s when different researchers began to investigate the effects of stress and coping on marriage in greater detail.

Stress, Marital Quality and Marital Stability

Several cross-sectional studies of couples from community samples reveal that everyday stress (or daily hassles; see Lazarus & Folkman, 1984) is negatively associated with marital satisfaction and marital quality (for an overview, see Bodenmann, 2005). Additionally, psychological stress associated with the illness of one partner is similarly negatively related to marital quality (e.g., Hagedoorn et al., 2000; Rohrbaugh et al., 2002). The negative correlations between stress and marital quality vary between $-.22$ to $-.59$, indicating moderate but significant correlations. Although all of the studies published on everyday stress and marriage found this negative relationship, there was no consistent relationship reported between major stressful events (i.e., critical life events) and marital quality. According to Williams (1995), no consistent relationship exists between major stressful events and marital quality, especially when marital matters, such as severe troubles in the relationship, separation, or divorce, were excluded from the list of critical life events. This finding indicates that chronic stress in daily life figures as a more important negative predictor of marital satisfaction and stability (see also Karney, Story, & Bradbury, 2005). In a 5-year longitudinal study of 63 couples on the influence of everyday stress and marriage, Bodenmann and Cina (2000) found that couples who were either divorced or among the stable but distressed couples after 5 years, had at the time of initial measurement reported a significantly higher rate of stress in everyday life than those in the later group of stable and nondistressed couples.

Stress and Marital Communication

Another line of research shows that marital communication is especially affected by stress. The spillover effect of work stress on marital communication has been demonstrated (Crouter et al., 1989; Repetti, 1989), based on systematic behavioral observations illustrating that daily workload led to more negative dyadic interaction at home. Stressed partners were either more withdrawn towards their partner at home, or they showed more angry and hostile behavior. Similar findings were reported by Halford et al. (1992) using a diary approach. Partners reported more negative interactions during the week and more positive interaction at the weekend, when their daily stress level was lower. In a recent study based on questionnaire data, Schulz et al. (2004) showed that workday stress predicted negative changes in women's marital be-

havior. Overall, their study replicated previous findings by showing that, when under stress, women become angrier and men more withdrawn. In an experimental study conducted in a lab, Bodenmann (2000a) found that stress exerted a direct negative influence on marital interaction. Seventy couples were videotaped for 10 minutes in two identical settings, once before and once after an experimental stress induction. The systematic observation analysis revealed that the quality of marital communication decreased by 40% under the stressful condition. Under stress, positive interactions (e.g., active listening, interest and empathy) were reduced, and negative behaviors (e.g., criticism, contempt, belligerence and withdrawal) increased significantly. The link between stress and negative dyadic interaction is also supported by physiological and endocrinological measurements (e.g., Gottman & Levenson, 1992; Kiecolt-Glaser et al., 1996).

Individual Coping and Marital Quality and Stability

Several studies reveal significant relationships between the quality of individual coping and marital functioning. Denial, avoidance, self-blaming, negative self-verbalization, withdrawal, drug abuse and violence often are negatively related to marital quality. Active engagement, constructive problem solving, optimism, positive self-verbalization, and reframing of the situation were among the more functional coping behaviors and were positively related to higher marital satisfaction or quality (e.g., Ptacek & Dodge, 1995). In their longitudinal study, Bodenmann and Cina (2000) also found that individual coping promoted marital stability. Those couples who displayed avoidance, self-blaming, and a lack of active problem solving at the beginning of the study were significantly more likely at the 5-year follow-up to be among those who were in distressed relationships or divorced.

Dyadic Coping, and Marital Quality and Stability

Different authors began to enlarge the narrow vision of individually-centered coping, noting that the concept of individual coping is not sufficient for understanding the coping processes within the context of couples, families, and other social systems (for an overview, see Revenson, Kayser, & Bodenmann, 2005). At the same time, social support in marriage began to be more clearly distinguished from social support from others (e.g., friends, family members, e.g., Cutrona, 1996).

In the conceptualization of dyadic coping underlying the CCET approach, dyadic coping refers to a systemic-transactional view of coping in couples where one partner communicates his or her stress (either verbally or nonverbally), and the other partner responds in one of three ways: the partner also can become affected by stress (i.e., stress contagion); the partner may ignore the signals entirely (i.e., display no coping reaction whatsoever); or the partner demonstrates positive or negative dyadic coping (Bodenmann, 1997a, 2005).

Positive forms of dyadic coping include supportive dyadic coping (e.g., helping with daily tasks or providing practical advice, empathic understanding, helping the partner to reframe the situation, communicating a belief in the partner's capabilities, or expressing solidarity with the partner); common dyadic coping (e.g., joint problem solving, joint information seeking, sharing of feelings, mutual commitment, or relaxing together), and delegated dyadic coping (where one partner is explicitly asked by the other to give support, and as a result, a new division of tasks is established, such as when one partner takes over chores for another). Negative forms

of dyadic coping include hostile dyadic coping (support that is accompanied by disparagement, distancing, mocking, sarcasm, open disinterest, or minimizing the seriousness of the partner's stress), ambivalent dyadic coping (when one partner supports the other unwillingly or with the attitude that his or her contribution should be unnecessary), and superficial dyadic coping (support that is insincere such as asking questions about the partner's feelings without listening, or supporting the partner without empathy).

Several studies reveal a strong link between marital quality and dyadic coping or social support provided by the partner in both healthy couples and couples dealing with stress related to medical conditions (e.g., Bodenmann, 2005; Dehle, Larsen, & Landers, 2001; Kuijer et al., 2000). Several studies show an association between dyadic coping or social support from the partner and subsequent marital dysfunction and divorce (e.g., Bodenmann & Cina, 2000; Pasch & Bradbury, 1998). There is also evidence that unsupportive or negative supportive behavior (e.g., offering support but with a hostile tone of voice) provided by the partner is strongly associated with the partner's negative well-being (e.g. Manne et al., 2003).

The Stress Model of Divorce as One of the Theoretical Bases for CCET

Based upon analyses of couples in longitudinal and retrospective studies of daily stress, Bodenmann (2000a) proposed that chronic daily stress originating outside of the close relationship (e.g., stress in the workplace that spills over into the marital dyad) plays an important role in the deterioration of marital satisfaction and is related to an increase in the risk of divorce. Bodenmann (2000a) conceptualized that the increased risk of marital decline was due to stress from three main destructive processes: (a) a deterioration in the quality of marital communication when under stress (more negativity, less positive exchange, and less self-disclosure); (b) a reduction in the time spent together due to stress (and thus the loss of intimacy and the feeling of "we-ness"); and (c) an increase in health problems due to chronic stress exposure and the subsequent burden this places upon the relationship (see also Burman & Margolin, 1992). In these processes, stress leads to a more superficial kind of interaction within the couple relationship, which in turn leads to a lack of awareness of the other partner and diminished involvement in their life and development. This results in mutual alienation, as the partners begin to tell each other less about their inner lives, personal needs, goals and interests, as they become estranged. This alienation becomes the source of more frequent marital conflicts and increases marital distress. On the other hand, adequate individual and dyadic coping can reduce or entirely alleviate the negative impact of stress on the close relationship. Spillover occurs when the stress experienced outside of the relationship (e.g., job stress) has a negative influence upon the quality of interaction with one's partner. The more effectively each partner copes with his or her own stress, the more he or she can reduce the likelihood of spillover and, thereby, protect the relationship from the negative effects of stress. The better both partners handle stress together (e.g., by jointly discussing their stress experience, increasing a sense of solidarity between them, reframing the situation, helping each other to relax, etc.), the more likely they are to reduce stress in an effective way and, in so doing, promote a greater sense of cohesion.

According to this model, divorce is seen as a consequence of five factors: the negative developmental course of the close relationship due to chronic daily stress; the inability to deal adequately with daily demands that call for skills, such as communication, problem solv-

ing, and individual and dyadic coping; the presence of conditions or alternatives that facilitate exiting from the relationship (e.g., economic independence, or a new partner); the absence of important inhibiting conditions that serve as barriers to ending the relationship (e.g., social norms, economic constraints); and the occurrence of sufficiently relevant triggers (e.g., an extramarital affair, see Levinger, 1976). Bodenmann (2000a) has tested the model in several studies with results showing consistent support for it.

Implications of Stress and Coping Research for Prevention Programs for Couples

In terms of distress prevention programs for couples, these findings and the stress model of divorce mean that in many cases, it is not sufficient to merely strengthen the communication and problem-solving skills of the partners. What is also needed is a means of promoting the coping skills of the couple. Because of the link between stress and decreases in the quality of marital communication, teaching about ways to cope effectively with stress is necessary. As poor communication can be the result of badly handled stress in everyday life, couples can be taught how to deal with stress and daily hassles more effectively to get at some of the causes of communication problems. The CCET focuses exactly on these issues by teaching couples: (a) how stress can cause their communication to deteriorate, and (b) how they can protect their communication from the negative impact of stress by increasing their individual and dyadic coping resources.

Empirical Evidence for the Effectiveness of CCET

CCET was developed in 1996 and has been offered regularly since then. To date, over 600 couples have participated in the trainings in Switzerland. Consumer satisfaction with CCET has been systematically evaluated for each participant. Specifically, at the conclusion of the training, participants complete a short questionnaire about their satisfaction with the program in general and its different elements, as well as their perception of personal benefit. Data show that consumer satisfaction is generally very high. Of these 600 couples, 85% rated the training as *good* to *very good*, another 10% as *moderately good*, and only 5% as *not helpful*. Interestingly, there were no gender differences, as both women and men rated the quality of the training and their personal benefit from participation similarly.

In addition to these data, three studies evaluated the effectiveness of CCET. In the first study (for an overview, see Bodenmann, 2000a) 73 couples were followed for a period of 2 years, and another 70 couples made up the control group. All participants reported low marital satisfaction, had been married for some time (mean 14 years), and had a mean age range of 39-43 years (women) and 41-45 years (men). Data were collected at five points: 2 weeks prior to the intervention (pre-test), 2 weeks after the training (post-test), and then at 6 months (1st follow-up), 1 year (2nd follow-up), and 2 years (3rd follow-up) after the training. The goal was to assess the effectiveness of the program in improving marital quality and marital competencies (communication, and individual and dyadic coping). Outcome measures were gathered via self-report (e.g., Partnerschaftsfragebogen [PFB] from Hahlweg, 1996) and observational data of dyadic interaction (e.g., Specific Affect Coding System [SPAFF] from Gottman, 1994) in a structured setting. Couples were observed while they engaged in a marital conflict discussion and two situations calling for dyadic coping (one situation for each partner). Each person was asked to describe a stressful situation arising outside of the relationship and their manner of

stress communication, and the subsequent dyadic coping offered by the other person was assessed. Using MANCOVA (with repeated measures and gender as within-factor, pre-scores as covariates) the results revealed that the intervention group improved significantly in marital satisfaction and individual and dyadic coping (e.g., Bodenmann et al., 2001; Widmer et al., 2005). Participants in CCET reported an improvement in their individual coping skills after the training, and they became more likely to use functional coping strategies (positive self-verbalization and active problem-solving) and less likely to use dysfunctional coping strategies (rumination and blaming). With regard to dyadic coping, a similar picture emerged. The couples in CCET reported significantly higher scores in supportive and common dyadic coping in comparison to the control group (although no effects were noted with regard to stress communication). The effect sizes for self-perceived positive change in marital satisfaction, dyadic communication, individual coping and dyadic coping were strong at the 2-week post-test ($d > 1$) and remained moderate during the course of the 2-year follow-up ($d = .44$ to $d = .80$). The observational data corroborated the self-reported positive changes. Observatories revealed that couples in CCET experienced significant improvement in dyadic interaction and dyadic coping. A significant increase in active listening and a reduction of criticism, defensiveness, belligerence, contempt, and domineering were observed in the CCET group, in both women and men at 2-week post-test. Positive effects of CCET were still observable in both partners at 1 and 2 year follow-ups, especially with regard to lower scores in criticism and belligerence. However, only women showed less defensiveness and contempt 2 years afterwards. The effect sizes varied between $d = .35$ -.79 after 2 weeks and $.15$ -.77 after 2 years (Widmer et al., 2005).

The second study (Cina, Widmer, & Bodenmann, 2002) compared the standard 18-hour version of the program with a shortened version that focuses only on the dyadic aspects and excludes the first two modules with individual coping. The 60 couples were randomly assigned to one of the two groups. They had a mean age of 38 years (women) and 40 years (men), a mean relationship duration of 12 years, and a low level of marital satisfaction. Only self-report data were collected, and couples were asked to complete questionnaires on marital quality, dyadic communication, dyadic coping, individual coping and psychological and physical well-being 2 weeks prior to the intervention (pre-test), 2 weeks after participation (post-test) and 6 months later (1st follow-up). Long-term follow-up is currently underway. Couples who were assigned to the short version (12-hour program) also demonstrated an improvement in the areas of marital quality and individual and dyadic skills. However, findings revealed that those couples assigned to the standard version showed significantly more improvement in marital quality than those in the short version (Cina et al., 2002). Although these findings do not allow us to conclude definitively that there is a connection between individual and dyadic competencies and subsequent improvements in marital quality (for this see Schilling et al., 2003), they strongly suggest that enhancing individual coping may be as important as enhancing dyadic coping skills in improving marital quality.

The third study is still in progress. The study tests the effectiveness of CCET in parents (mean age of 36 years for women and 39 years for men; children ranging in age from 6-12 years). The average length of the relationship was 12 years and the couples reported being satisfied with their relationship (mean marital satisfaction was 100 measured with the DAS [Spanier, 1976]). The sample consists of CCET participants ($n = 50$ couples) and a waiting-list

control group ($n = 50$ couples). All couples were randomly assigned to the groups. Questionnaire data are being collected at four times (pre-test, post-test after 2 weeks, 6 month follow-up and 1-year follow-up) to explore how parents who experience stress can improve their relationship. In addition to measuring marital quality, marital communication, individual and dyadic coping, the study also sought to evaluate whether CCET reduces the stress associated with parenting. The pre-post results upheld the findings of the two other studies. Participating parents reported higher marital quality after the training and less parenting stress (better self-efficacy with regard to children's education, fewer conflicts on children's educational issues with the partner etc.) than did the control group (Cina, Bodenmann, & Blattner, 2003).

Conclusions

Data from three evaluation studies support the notion that CCET can strengthen marital competencies in the longer run and improve marital quality even among couples who have been together for a relatively long time and are experiencing marital dissatisfaction when they began the program (Bodenmann et al., 2001). In general, the results were stronger at post-test and the 6-month and 1-year follow-up than at the 2-year follow-up, suggesting that the benefits of CCET might be enhanced through booster sessions. Our findings at 2-year follow-up correspond with the results of similar studies (e.g., Kaiser et al., 1998) and demonstrate the need for emphasizing relapse prevention to maintain future competency. On the basis of the results and satisfaction by participants, we strongly believe that the integration of stress and coping research in distress prevention programs for couples is an important new direction that merits attention. Future research could compare the effects of CCET with programs focusing mainly on communication and problem solving (e.g., PREP), and investigate further how improving specific skills (individual coping, dyadic coping, and communication) could contribute to better functioning in marriage. It is important to evaluate the efficacy of CCET with low-income couples, at-risk couples (e.g., those with divorced parents), couples with high stress levels (e.g., dual career couples), and persons of different ethnic groups to assess whether specific adaptations of CCET are required. More data are also needed on the effects of the training in the context of premarital prevention. Planned future research on CCET will evaluate its effects in different European countries where CCET is offered (France, Germany, Italy, Spain, Switzerland) to shed light on cultural acceptance of the CCET.

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Table 1- Description of the units of the CCET

Module	Content	Goals	Methods and Delivery	Duration
1	Knowledge of Stress and Coping	<ul style="list-style-type: none"> • Improve understanding of stress • Discriminate between different kinds of stress • Learning that stress is a consequence of cognitive appraisals and that emotions are shaped by these appraisals 	<ul style="list-style-type: none"> • Overview of the topic of stress, including its causes, forms and consequences • Enhancement of situation evaluation with exercises where aspects of the situation such as significance or controllability are evaluated • Assessment of different areas of stress by questionnaire 	2.5 hours
2	Improvement of Individual Coping	<ul style="list-style-type: none"> • Prevent stress by anticipating stressful situations and preparing in advance • Improving coping during the stressful event and in retrospect • Counter stress by building up a repertoire of pleasant events • Learning to reduce stress physiologically 	<ul style="list-style-type: none"> • Short lectures on functionality of different coping strategies • Diagnostic exercise on one's own coping style • Exercises on different examples on the link between adequate coping according to different stress profiles • Planning sheets for defining one's own repertoire of pleasant activities and how stress can be avoided • Analysis of coping reactions in everyday life and what adequate coping looks like • progressive muscle relaxation 	3 hours
3	Enhancement of Dyadic Coping	<ul style="list-style-type: none"> • Increase an understanding of the partner's stress • Enhance stress related communication • Improve dyadic coping skills 	<ul style="list-style-type: none"> • Introduction into the concept and utility of dyadic coping (short lecture) • Video examples of dyadic coping categories • Questionnaire on how each partner communicates his or her stress and how they display dyadic coping • Supervised role plays 	5 hours
4	Exchange and Fairness in the Relationship	<ul style="list-style-type: none"> • Improve a couple's awareness of the importance of a fair and mutual exchange within the context of dyadic coping • Enhance the ability to detect inequality and dependence in the relationship • Improve sensitivity towards one's own needs and the needs of the partner 	<ul style="list-style-type: none"> • Short presentation on the meaning of fairness and boundaries in marriage • Diagnostic exercises • Supervised role plays that allow both partners to explore their needs • Assessment of personal needs of distance and closeness • Sensitization to the presence of over-involvement that may indicate dependence, or selfishness in relationships 	2 hours
5	Improvement of Marital Communication	<ul style="list-style-type: none"> • Improve speaking and listening skills • Detect inadequate communication behavior and learn to overcome inadequacies 	<ul style="list-style-type: none"> • Short presentation on the meaning of appropriate communication • Video demonstration of dysfunctional communication according to Gottman (1994) • Diagnostic of one's own dysfunctional communication by questionnaire • Supervised role plays within the framework of communication training 	4 hours
6	Improvement of Problem Solving Skills	<ul style="list-style-type: none"> • Strengthen the couple's mutual problem-solving skills 	<ul style="list-style-type: none"> • Short presentation on the usefulness of problem-solving in marriage and the need to resolve problems • Supervised role-plays of problem-solving situations within a structured five-step problem-solving approach 	1.5 hours