

Dyadic coping and the significance of this concept for prevention and therapy

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Abstract. This brief article aims to summarize the conceptual and clinical work done within the concept of dyadic coping by Bodenmann and colleagues at the Institute for Family Research and Counseling of the University of Fribourg (Switzerland). Apart from a new theoretical framework of dyadic coping, this group contributed to a better understanding of the role of dyadic coping for relationship functioning and well-being of the partners in many empirical studies. Based on these findings Bodenmann developed the Couples Coping Enhancement Training (CCET) that focuses on the enhancement of dyadic skills (among with dyadic coping play a crucial role). This program has been evaluated in several studies (randomized controlled trials and studies with matched samples) proving its efficacy.

Key words: dyadic coping, stress, close relationships, prevention, marriage

The development of the concept of dyadic coping

In the late 1980's, Bodenmann and his team began research on stress and its influence on close relationships using experimental, cross-sectional, longitudinal, and retrospective designs (e.g., Bodenmann & Cina, 2006; Bodenmann et al., 2007; Bodenmann, Ledermann, & Bradbury, 2007). Over the last 15 years, this research yielded strong empirical evidence that stress (and especially stress outside the close relationship such as workplace stress, stress with neighbors, friends or kin, and stress in the leisure time) was negatively associated with relationship quality and satisfaction, the developmental course of the relationship, as well as relationship outcome. Findings showed that stress was a powerful predictor not only of partners' poor well-being but also of poor communication, low relationship satisfaction, and a higher likelihood for divorce (see for an overview Bodenmann, 2000, 2005). In the EISI-experiment (Experimentally Induced Stress in Dyadic Interactions; see Bodenmann, 2000), couples showed a dramatic decrease in their quality of communication (of 40%) when they were experimentally stressed in the lab. This experimental stress study was among the first ones that highlighted the detrimental influence of subjectively experienced stress on observable interaction behavior in conditions guaranteeing high internal validity, worldwide. However, this study was also remarkable in another sense. When Bodenmann and his team studied interaction behavior (using classical systematic observation systems such as the SPAFF coding system by Gott-

man, 1994) they realized that these categories were not covering all behaviors that couples displayed in the stress situations. Coding systems focused solely on interaction in terms of social learning theories. One dimension, however, was not considered in these coding systems: the dimension of mutual support in couples. At this time, dyadic coping was barely an issue.

Bodenmann's view of dyadic coping (Bodenmann, 1995, 1997, 2005) is based not only on the transactional stress theory by Lazarus and Folkman (1984) but also on process-related and systemic considerations. Dyadic coping is viewed as a process in which three factors operate and interact: the stress signals of one partner, the perception of these signals by the other partner, and the reaction of this partner to the stress signals. Different forms of dyadic coping are distinguished: *common dyadic coping* (coping efforts by both partners when both partners are exposed to a stressful encounter), *supportive coping* (support from one partner toward the other when primarily only one partner is concerned by the stressful event), and *delegated coping* (where one partner takes over tasks and problem-solving in order to alleviate the stress of the other partner). These different forms of coping can be emotion-oriented or problem-oriented and can be of positive or negative nature. Negative supportive dyadic coping refers to hostile (offensive, insulting, not respectful), ambivalent (tentative, regretful) or superficial (shallow, undedicated) dyadic coping reactions (Bodenmann, 1997, 2005).

Empirical studies on dyadic coping

In sum, the existing pool of research studies reveal that dyadic coping in couples is positively and significantly related to better relationship quality; a more favorable relationship development and a lower risk of divorce (Bodenmann, Pihet, & Kayser, 2006; see Table 1 for an overview).

In a recent study, two different concepts of dyadic coping (the discrepancy concept by Revenson (1994) and the systemic transactional concept by Bodenmann, 2005) were compared to each other with regard to their power of prediction of relationship quality and well-being of partners (Bodenmann, Kayser, & Meuwly, 2008). This study revealed that the systemic-transaction concept of dyadic coping was more powerful in the prediction of both relationship quality as well as partners' well-being.

Assessment of dyadic coping

For the assessment of dyadic coping, Bodenmann and his team developed: (a) a questionnaire (Dyadic Coping Inventory; DCI), (b) a coding system for analyzing overt dyadic coping behavior of the couples (Coping System for Analyzing Dyadic Coping; SDAD), and (c) an interview for exploring dyadic coping. The DCI (Bodenmann, 2008) is a relative short questionnaire with 37 items. The questionnaire assesses stress communication and dyadic coping on the following dimensions: (1) as perceived by each partner about their own coping (What I do when I am stressed and what I do when my partner is stressed?), (2) each partner's perception of the other's coping (What my

partner does, when he/she is stressed and what my partner does, when I am stressed), and (3) each partner's view of how they cope as a couple (What we do, when we are stressed as a couple?). Although there is a total of nine subscales, generally two aggregated scales are used: positive dyadic coping (supportive dyadic coping of oneself, supportive dyadic coping of the partner, and common dyadic coping) and negative dyadic coping (negative dyadic coping of oneself and negative dyadic coping of the partner). Furthermore, discrepancies in the perception of both partners can be computed (index of reciprocity, index of equity, index of congruence). The DCI has been validated with a sample of 2,399 subjects and showed good reliabilities of the scales and satisfying convergent, discriminate, and prognostic validity (Bodenmann, 2008; Ledermann et al., 2008). The DCI is available in German, French, Italian and English.

Prevention and therapy based on the concept of dyadic coping

The concept of dyadic coping has not only been of relevance in basic research, but also in *prevention* and *therapy*. Based on findings of stress on close relationships and on dyadic coping Bodenmann and his team developed the Couples Coping Enhancement Training (CCET) and the coping-oriented couple therapy (COCT) approach (Bodenmann, 2007).

The Couples Coping Enhancement Training (CCET). The CCET, designed to improve marital competencies, is an evidence-based distress prevention program (Bodenmann, 1997; Bodenmann & Shantinath, 2004) that is used in the context of universal, indicated and selective preven-

Table 1. Findings on dyadic coping (overview of findings; see Bodenmann, 2005)

- Dyadic coping correlates significantly ($r = .53$) with a higher relationship quality and a higher relationship satisfaction (meta-analysis by Bodenmann, 2000).
- Dyadic coping covariates with relationship quality in the long-term.
- Dyadic coping is connected to better communication in the relationship.
- Dyadic coping is positively correlated with higher well-being and less psychological problems.
- Regarding the prediction of relationship quality, dyadic coping has been shown more important than individual coping and social support from the social network.
- Stable, satisfied couples practice dyadic coping significantly more often than stable-distressed or couples with a high risk for separation or divorce.
- Dyadic coping moderates the negative association between stress and relationship quality.
- The absence of dyadic coping is a main predictor for separation and divorce.
- The partner and dyadic coping are important resources within the relationship.

tion. It is based both upon stress and coping theory and social learning theories. In addition to traditional elements of couples programs (e. g., communication and problem solving skills), CCET also addresses individual and dyadic coping in promoting relationship satisfaction and in reducing relationship distress. The CCET pursues goals on the individual as well as on the dyadic level, such as: (a) improving one's own stress management, (b) enhancing the ability to cope as a couple (dyadic coping), (c) sensitizing the couple to issues of mutual fairness, equity, and respect, (d) improving marital communication, and (e) improving the couple's problem-solving skills.

Coping-oriented couple therapy (COCT) is based upon cognitive-behavioral couple therapy as well as findings on stress and coping in a couple's context (Bodenmann, 1997, 2005, 2007). In addition to behavior exchange techniques, communication training, and problem-solving trainings, therapists mainly work with the three phase method for enhancing couple coping. This method has three aims: (a) enhancing the partner's ability to communicate explicitly their stress to the partner (*phase 1*); (b) adapt their support to the specific needs of the other (*phase 2*); and (c) refine their ability to offer dyadic coping based on partner's feedback (*phase 3*) (Bodenmann, 2007).

Although these coping-oriented couple interventions are novel (originating in the late 1990's) there has been increasing empirical evidence supporting the efficacy of coping-oriented couple interventions. Within the context of prevention, Bodenmann and colleagues have published three studies (two are randomized controlled trials) yielding empirical evidence for the effectiveness and efficacy of the CCET with effect sizes between $d = .40$ and $.40$ in self-report as well as observational data (e. g., Bodenmann, Pihet, Cina, Widmer, & Shantinath, 2006; Ledermann, Bodenmann, & Cina, 2007; Pihet, Bodenmann, Cina, Widmer, & Shantinath, 2007; Schär, Bodenmann, & Klink, in press; Widmer, Cina, Charvoz, Shantinath, & Bodenmann, 2005).

In a randomized controlled trial, the efficacy of COCT has recently been examined by comparing this approach with cognitive behavioral therapy (CBT) and interpersonal therapy (IPT) in the treatment of depression in couples. Results showed that coping-oriented couple therapy was as effective in improving depressive symptomatology as the two other well established evidenced-based treatment approaches. Results also showed that COCT was not significantly different than established treatments with respect to relapse rates after one and a half years. In sum, different studies have yielded empirical evidence that the coping oriented interventions are well accepted by couples (who reported high satisfaction scores with this approach) are advantageous and effective.

Discussion

In a relatively short period of time, a new concept has been established in research and practice. Today, marriage

counselors and therapists consider dyadic coping and the use of this element in their work. But where is more research needed? Research conducted with couples from a community sample and therapy studies have taught us much about the connection of dyadic coping and relationship quality, dyadic communication, and the developmental course of close relationships. The repertory of methods to collect dyadic coping data (questionnaires, interviews, diaries, and systematic behavior observation) is reflecting an interesting research activity in the field, yet two domains require further investigation: (1) How is dyadic coping expressed in clinical groups (couples in which a partner suffers from a clinical disorder), and what aspects should receive special consideration in therapy when working with this kind of couples? (2) What is the meaning of dyadic coping outside of the couple? (3) Which couples do benefit from dyadic coping and which do not (e. g., according to attachment style, stage in couple's development).

Studies have shown that couples in which a partner suffers from a mental disorder (depression, anxiety disorder, sexual disorders, Alzheimer's disease) or a physical illness (e. g., cancer) do not exhibit the same dyadic coping pattern (e. g., for an overview see Bodenmann, 2000). Rather, each group seems to feature a specific dyadic coping profile. This finding is especially relevant for the clinical field, since such differences should be taken into account by the treatment. Thus, when using dyadic coping, a standardized therapy cannot be offered but therapists should address the issue in accordance to couples' needs. To achieve scientifically sound knowledge, further studies are necessary.

Furthermore, we are convinced that dyadic coping plays an important role outside of the relationship even if in a somewhat different and less intimate form. This field of research is challenged to distinguish dyadic coping from social support in theory and practice. Dyadic coping should also be studied in work groups in companies. Work and organizational psychology could be an area of future establishment of dyadic and social coping.

In any case, I have a few goals and aspirations for the development of dyadic coping. First, I hope that dyadic coping and coping in groups will further gain in importance and that our view of coping will be systemically enlarged. Secondly, that communication between researchers will be stimulated especially between Europe and the United States and that different theoretical positions will enrich and complete each other. Lastly, I hope that dyadic coping will find its place even more in teaching, research and clinical practice.

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