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General and Health-Related Stress and Couples' Coping

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In couple therapy, the role of stress in relationship functioning is often considered as an internal stress, which is reflected in partners' communication problems, goal discrepancies, or incompatible needs. However, stress from outside the relationship (e.g., workload, stress with the family of origin) often plays an even more important role in couples' functioning and can trigger couple internal stress (Bodenmann, Ledermann, & Bradbury, 2007).

Couples and families can experience a number of stressors irrespective of their level of functioning, which can be developmental or situational in nature (Gladding, 2014). In the context of couples' therapy, stressors have been commonly categorized as *vertical* and *horizontal* stressors (Gladding, 2014), which are also reflected in Carter and McGoldrick's model (Carter & McGoldrick, 1988). Vertical stressors are multigenerational in nature, whereas horizontal stressors are related to present life (e.g., life cycle transitions, illness, and the current political climate). Furthermore, these stressors can occur across all systems, from the individual to the couple to the immediate or extended family to the community and beyond.

Conceptualizing the role of stress in close relationships is not unique to couple therapy, however. Psychological research has focused on understanding the role of internal stress on relationship functioning (see Randall & Bodenmann, 2009, 2017). Typically, relationship tensions, differences in needs and goals, and inequities and role ambiguity are defined as internal stressors, as they have their origin within the relationship (e.g., Harway, 2005). However, health issues (chronic or severe illness, disabilities, etc.) can be considered internal stressors (e.g., Milbury, Badr, Fossella, Pisters, & Carmack, 2013). Irrespective of the type of internal stress, the experience of such stress has been found to be associated with increased relationship tension and dissatisfaction (Randall & Bodenmann, 2009), as external stress is positively associated with an increase in dysfunctional communication (e.g., "shutting down") and decrease in intimacy between partners. As such, many mental health providers aim to improve relationship quality by means of communication trainings and increasing intimacy (e.g., Epstein and Baucom, 2002).

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Although the focus on internal stress is important, research shows that couples also need to learn how to cope with external stressors—stressors that originate outside the relationship—as these can have a more detrimental effect on individual and relational well-being (Randall & Bodenmann, 2009). External stress originates outside the relationship from sources that have essentially nothing to do with the partner or the relationship, such as workplace, family of origin, and financial stress (Randall & Bodenmann, 2009). Additionally, some couples may be differentially exposed to external stressors due to their minority status (e.g., Meyer, 2003). Furthermore, research on both heterosexual (Buck & Neff, 2012; Neff & Karney, 2009) and same-sex couples (Totenhagen, Randall, Cooper, Tao, & Walsh, 2017) has shown that the experience of external stress can *cross over* (i.e., from one partner to the other) and *spill over* to (i.e., external stress becoming internal stress) one's romantic partner and relationship (Bodenmann, Ledermann et al., 2007). Despite the robust literature on the negative associations between the experience of external stress on relationship well-being (see Randall & Bodenmann, 2009, for a review), there is a lack of therapeutic techniques designed to focus specifically on identifying and coping with external stressors (for exceptions see Bodenmann & Shantinath, 2004; Bodenmann, Cina et al., 2008). However, improving couples' dyadic coping skills can be considered an important focus of intervention, given that communication skills often deteriorate under conditions of stress (Bodenmann & Shantinath, 2004).

Dyadic coping is conceptualized in the Systemic Transactional Model (STM) (Bodenmann, 1995, 2005; Bodenmann, Randall, & Falconier, 2016) as the ways in which both partners perceive a stressful situation by sharing their appraisals ("we-stress") or by realizing the partner's stress experience and engaging in shared coping efforts (i.e., both partners try to deal with the stress together by downregulating each other's negative emotions or supporting the other in his/her problem solving and emotion regulation). Dyadic coping is considered as a temporal process that relies on each partner's stress communication (verbal or nonverbal), the perception and understanding of this stress communication by the other partner, and his/her dyadic coping efforts matching the other's needs. Dyadic coping has been found to explain variance of relationship quality above and beyond individual coping (Papp & Witt, 2010).

Based on the growing literature on couples' stress and coping from around the world (see Falconier, Randall, & Bodenmann, 2016), this chapter will illustrate the current research on the negative association between couple external stress and relationship functioning. To do so, we specifically focus on "common" or shared external stressors and health-related stressors, which have had a growing focus in the literature (e.g., Badr, 2004; Kayser, Watson, & Andrade, 2007; Revenson, Kayser, & Bodenmann, 2005; Vilchinsky, 2019). Our hope is that this knowledge will allow mental health professionals working with couples to (a) understand the implications of stress and coping research, as applied to a variety of couples (e.g., dual career couples, couples in the transition to parenthood, retiring couples, couples dealing with life strain or critical life events, couples struggling with everyday stress and high work–family workload); (b) inform couples, through psychoeducation, about the impact of couple external stress on communication, shared time together, sexuality, and intimacy; and (c) understanding techniques associated with teaching couples dyadic coping skills, conceptualized as a relationship maintenance behavior found effective in combating stress' deleterious effects (Randall & Messerschmitt, in press).

Theoretical Background on the Role of Stress in Couples' Functioning

Interpersonal view of stress in close relationships

The most widespread definition of stress includes an imbalance between internal and external demands and the capability of the individual to respond to these demands by applying internal or external resources (Lazarus & Folkman, 1984). Historically, stress has been considered as an individual phenomenon, conceptualizing stress as an individual's experience of an event. However, within the last decades, there has been an expansion of this conceptualization to understand stress as a dyadic or interpersonal construct (e.g., Bodenmann, 1995, 2005; Lyons, Mickelson, Sullivan, & Coyne, 1998; Randall & Bodenmann, 2009, 2017). According to Randall and Bodenmann (2009, 2017), the main assumption of the interpersonal view of stress (as a dyadic construct) is that in a close committed relationship the stress of one partner is associated with the other partner's experience of stress due to their interdependence (Kelley & Thibaut, 1978). Furthermore, as noted above, experiences of external stress can spill over, causing internal stress within the relationship (Neff & Karney, 2009). The impact of stress spillover processes can lead to an increase in the likelihood of relationship conflicts, mutual alienation, and decreased relationship satisfaction in the long run (Bodenmann, 2005; Ferguson, 2012).

Stress models and relationship development

The vulnerability–stress–adaptation model Defining stress as a dyadic construct has been primarily reflected in two theoretical models. The *vulnerability–stress–adaptation (VSA) model* (Karney & Bradbury, 1995) proposes that the effects of stress on adverse relational outcomes are based on (a) *enduring vulnerabilities* (i.e., stable characteristics making individuals vulnerable to stress), (b) *stressful events* (e.g., life events, stressful circumstances, etc.), and (c) *adaptive processes* (e.g., the ability to provide support to one another) (Karney & Bradbury, 1995). More recently, Totenhagen, Randall, and Lloyd (2018) demonstrated the utility of expanding the VSA model to understand specific vulnerabilities of same-sex couples, given their unique experiences of minority stressors, above and beyond "common" external stressors couples may face. Based on a sample of 81 same-sex couples, Totenhagen et al. (2018) found internalized homophobia (Frost & Meyer, 2009) and low outness to be associated with worse relational functioning, as measured by severity of conflict, relationship quality, and commitment.

The stress–divorce model Bodenmann (1995, 2000, Bodenmann, Charvoz et al., 2007) proposed a *stress–divorce model* that describes the impact of external minor (i.e., everyday stressors) or major (i.e., developmental tasks, critical life events) stressors on partners' relationship functioning. Specifically, the impact of stress on partners' relationship functioning can be observed by the increase in mutual alienation and decrease in communication, which, over time, can lead to relationship dissolution. According to the *stress–divorce model*, stress originating outside the relationship (i.e., external stress) often spills over into the relationship, causing stress within the relationship (i.e., internal stress). Thus, one partner's experience of external stress

often becomes dyadic internal stress, affecting both partners individually and the couple as a whole. This stress spillover process can then affect a number of relational processes, which include, but are not limited to, effective communication and shared time together. For example, the increase of external stress can increase couples' dysfunctional communication (i.e., less communication in general, more superficial communication, more solution-oriented communication and less emotional self-disclosure, more verbally aggressive and hostile communication or withdrawal). Furthermore, the increase of dysfunctional communication can also lead to less time shared between partners and increased feelings of mutual alienation (e.g., Bodenmann, Charvoz et al., 2007).

Health-related impact of stress in close relationships

The experience of stress spillover has also been found to have negative associations with health-related outcomes. Specifically, research has shown the deleterious effects of stress on sleep quality (McEwen, 1998), sexual dysfunction (Bodenmann, Ledermann, Blattner, & Galluzzo, 2006), and cardiovascular diseases (Charmandari, Tsigos, & Chrousos, 2005). In the long run, these changes on relational functioning are associated with increased rates of relationship dissolution and divorce (Bodenmann, Charvoz et al., 2007; Randall & Bodenmann, 2009). Importantly, however, partners' individual and dyadic coping behaviors are able to alleviate the negative impact of stress on couples' functioning. The better each partner or the couple is able to manage stress, the less effects stress can have on the relationship, and their relationship quality. As such, we argue that strengthening couples' coping resources is associated with enhancing relationship functioning in general.

Empirical Findings on the Role of Stress in Close Relationships

Several studies have documented the assumed processes in the stress–divorce model (e.g., Bodenmann, Charvoz et al., 2007; Falconier, Nussbeck, Bodenmann, Schneider, & Bradbury, 2015; Neff & Karney, 2009; Randall & Bodenmann, 2009; Story & Bradbury, 2004). Specific to the stress–divorce model, research has shown that, when under stress, couples' communication quality drops by 40%. Specifically, negative communication (e.g., blaming, criticism, defensiveness, belligerence, contempt) increases, while positive communication behaviors between partners (e.g., showing interest, care, and affection) decrease.

Across the literature, researchers have found a negative association between external stress and relationship functioning. Many studies show that couple external stress such as economic stress (e.g., Jackson et al., 2016), minority stress (e.g., Otis, Rostosky, Riggle, & Hamrin, 2006; Randall, Totenhagen, Walsh, Adams, & Tao, 2017; Rostosky & Riggle, 2017), racial discrimination (Kerr et al., 2018), and immigration stress (Falconier, Nussbeck, & Bodenmann, 2013) are associated with poor relationship functioning. External stress increases the likelihood of internal stress (relationship tensions, conflicts, health problems) and by this means decreases couples' satisfaction and stability. In sum, the level of stress to which a couple is exposed can have a substantial burden on relationship functioning; however, partners can help mitigate stress' deleterious effects by engaging in (positive) dyadic coping.

Couples' Coping with Stress: The Systemic Transactional Model (STM)

To help combat stress' deleterious effects, it is important to take into consideration not only each partner's individual coping resources, but how partners cope together (i.e., engaging in dyadic coping). Dyadic coping is defined as the way couples cope with stress together as a unit, either by supporting each other, by delegating tasks and duties, or by engaging in joint problem solving or joint emotion regulation (Bodenmann, 1997; Bodenmann et al., 2016). Several different dyadic coping models have been proposed since the 1990s (e.g., Lee & Roberts, 2018), which help to conceptualize how partners can cope together in the face of stress. In Bodenmann's (1995, 2005) STM, the stress coping process is viewed as an interplay between both partners, as it is assumed that the stress of one partner is always relevant to the other partner's satisfaction and well-being; thus, stress is conceptualized as a dyadic construct. Due to partners' interdependence, the stress of one partner affects the other, and as such, both partners have an (implicit) interest in managing stress together by combining their coping resources (Bodenmann, 1997; Bodenmann et al., 2016).

Empirical findings on the efficacy of dyadic coping

Dyadic coping has been shown to be a consistent and powerful predictor of relationship satisfaction across cultures (Falconier et al., 2016; Falconier, Jackson, Hilpert, & Bodenmann, 2015; Hilpert et al., 2016) and has been shown to be significantly (positively) associated with relationship quality above and beyond partner's individual coping resources (Herzberg, 2013; Papp & Witt, 2010). Additionally, dyadic coping has been shown to buffer the negative effects of stress on (positive) communication (Bodenmann, Atkins, Schär, & Poffet, 2010; Bodenmann, Ledermann et al., 2007). While dyadic coping has been repeatedly found to be a significant (positive) predictor of relationship functioning, it is also important for partners' individual well-being in heterosexual (Bodenmann, Meuwly, & Kayser, 2011) as well as same-sex couples (e.g., Randall, Tao, Totenhagen, Walsh, & Cooper, 2017). For example, using a sample of female same-sex couples, Randall and colleagues showed that partner engagement in emotion-focused dyadic coping could alleviate the association between discrimination stress and depression.

Engagement in dyadic coping has also been found to be effective in the context of health issues. Couples' coping together is a powerful predictor of better relationship and health adjustment. This association has been supported in couples dealing with cancer, cardiovascular diseases, other chronic illnesses, or psychological disorders (e.g., Revenson & Lepore, 2012). Additionally, recent research has found that parental dyadic coping was associated with lower internalizing and externalizing child symptoms (Zemp, Bodenmann, Backes, Sutter-Stickel, & Revenson, 2016). Taken together, these findings indicate that strengthening dyadic coping is beneficial for relationship functioning as well as all family members' psychological and physical well-being.

Couple Interventions Aimed at Strengthening Dyadic Coping

Research on stress and coping has important implications for relationship education and interventions with couples and families (Randall, Bodenmann, Molgora, &

Margola, 2010). Stress-related psychoeducation and dyadic coping-oriented interventions, described below, can be useful in any therapeutic approach (systemic, humanistic, cognitive behavioral, emotion focused, etc.) and are not limited to a specific approach. The techniques described below were developed and evaluated in the context of relationship education as well as couple therapy; however, these techniques have a broad scope of application in the context of systemic family therapy, health psychology, clinical psychology, and family science. Importantly, these techniques can be combined with other elements such as communication trainings and cognitive or emotion-focused interventions and may represent useful techniques in addition to classical intervention elements. Specific examples of such approaches can be found in the *Couples Coping Enhancement Training* (CCET) (Bodenmann & Shantinath, 2004) and the *Coping-Oriented Couple Therapy* (COCT) techniques (Bodenmann, 2010; Bodenmann, Plancherel et al., 2008; Lau et al., 2017).

Psychoeducation

Across these two approaches, one important element is *psychoeducation*, where the couple is taught about the erosive and long-term unperceived impact of stress on the couples' daily life. As couples often do not realize how external stress can be an important factor in their communication difficulties and relationship problems, the stress–divorce model is explained to couples, and their awareness for protecting their relationship against couple external stress is strengthened. During the psychoeducation phase, the clinician also introduces the concept of dyadic coping and illustrates its benefit in jointly coping with stress. Practically, the therapist teaches partners how to (a) better communicate their own experienced stress to their partner, (b) understand their partner's stress more accurately, (c) mutually engage in telling and listening during stress-related self-disclosure, and (d) provide adequate support that matches their partner's needs (Bodenmann, 2005, 2010; Bodenmann & Randall, 2012).

3-Phase method

The 3-phase method (Bodenmann, 2007; Bodenmann & Randall, 2013) is a novel communication and support method used in both CCET and COCT. The method is based on principles of cognitive therapy (Beck, Rush, Shaw, & Emery, 1979) and the concept of central hassles (Gruen, Folkman, & Lazarus, 1988) and allows for the individual exploration of each partner's individual or personal schemas. By exploring each partner's schemas individually, in front of their partner, both partners are part of the discovery process and are engaged as either the speaker or the listener. The therapist prompts both partners at the same time (the speaker and the listener), and his/her job is to facilitate emotional self-disclosure in the speaker and empathic understanding in the listener during the process. The 3-phase method is delivered in a quiet setting where both partners are sitting in front of each other, allowing for the best practice of active listening, while the clinician sitting between the partners a few feet away. The 3-phase method offers a clear structure with regard to the duration of the exercises, roles of both partners (speaker and listener), and setting.

Process of the 3-phase method In the *first phase* of the 3-phase method (20–30 min), the facilitator utilizes the funnel method to support the stressed partner to disclose his/her stress to his/her partner by telling him/her about the stress experience (Bodenmann, 2007, 2010). The goal of this first phase is to get a deepened understanding of why the situation was so stressful for the partner and to gain a deeper insight into the (stressed) partner's functioning. During this sharing, the clinician encourages the stressed partner to explore his/her emotions (e.g., fear, disappointment, feelings of helplessness, shame, etc.) and cognitions ("his [my boss'] reaction showed me that he does not have any respect toward me") surrounding the stress by searching for an explanation why the situation was so demanding ("I was not able to fight for my rights, to make my efforts visible. I only earned critics and no gratitude and approval for all my invested energy and time in this project"). The clinician facilitates stress-related emotional self-disclosure by means of open-ended questions ("How was this for you?" "Tell more about your feelings." "Why was this so terrible?"). At the same time, the clinician prompts the (non-stressed) partner to actively listen and try to empathically understand how the partner feels. This insight is viewed as basic for empathic understanding, acceptance of partner's behaviors, and mutual tolerance. While the funnel method allows the stressed partner to deepen their stress disclosure, it also allows the "listening" partner to emotionally connect with their partner in an effort to downregulate their negative emotions and provide emotional support. As such, his/her empathic listening (i.e., the "listening" partner's) is the root for adequate provision of (supportive) dyadic coping that increases partners' feeling of we-ness, trust, and mutual attachment. A recent study by Leuchtmann, Horn, Randall, Kuhn, and Bodenmann (2018) showed that the method is very effective.

In the *second phase* of the 3-phase method (10 min), the clinician asks the listening partner how he/she could provide supportive dyadic coping to the stressed partner. Given that partners have already developed a deepened emotional experience by means of the funnel method, support provision is no longer considered superficial or primarily instrumental. As such, the listening partner can authentically express his/her feelings of understanding, as he/she is emotionally affected by their partner's stress. He/she now usually provides emotion-focused supportive dyadic coping by expressing empathy, encouraging the partner, helping him/her to reframe the situation, or supporting his/her individual coping efforts. Only following emotion-focused supportive dyadic coping are partners invited to provide instrumental support (i.e., giving practical help or advices), if still needed. The clinician validates the partner's dyadic coping behaviors. If the partner is not able to provide adequate support, the therapist offers suggestions as a way to help the partner increase their support of their partner. If partners are not able to engage in self-disclosure or empathic listening, due to personal characteristics (e.g., problematic personality traits like narcissism or alexithymia), the therapist does not apply this method based on clinical judgment.

In the *third phase* (5 min), the clinician asks the stress (supported) partner to give feedback about how helpful, effective, and satisfying the partner's supportive dyadic coping was.

Goals of the 3-phase method By means of the 3-phase method, partners learn that external minor daily stressors can cause increased experiences of stress by triggering personal schemata. Schemata-related stress often endures many hours or days and easily spills over to the intimate relationship, empoisoning couple interaction (e.g.,

Neff & Karney, 2009). By engaging in both the speaker and listener roles, the 3-phase method allows both partners to become aware of each other's personally important schema (e.g., "I feel only well when I have complete control over my environment," "I am only okay when I deliver great performances," "I am only appreciated when I am perfect," "I am only valuable when I feel loved," etc.) by exploring emotions, thoughts, and behavioral reactions that emerge when recalling the stressful situation.

It is important to note that in both CCET and COCT, the goal is to improve partners' emotional self-disclosure, empathic listening, and dyadic coping behaviors. This makes the most sense for couples dealing with an elevated general stress levels (e.g., dual earning couples, couples dealing with child-related stress, couples during transitions); however, research has shown that most couples can benefit from stress-related psychoeducation and an enhancement of dyadic coping. The 3-phase method has also been found effective for couples coping with different general and health-related stressors (Bodenmann, 2010). The 3-phase method is only applied when a sufficient level of mutual positivity, respect, and commitment between partners is present, as observed by the therapist and stated by both partners, which typically occurs in the later phases of couples' therapy. Behavioral exchange techniques, communication training, and commitment work are used to build this basis (Epstein & Baucom, 2002). The 3-phase method should not be applied in couples with low relationship commitment, those thinking about ending their relationship, or in couples where one partner is diagnosed with a personality disorder, as emotional self-disclosure requires mutual positivity such as respect, interest and openness for the partner's well-being.

Role of the clinician The clinician oversees the application of the speaker and listener rules and prompts both partners throughout the method, as described above (Bodenmann, 2007, 2010). The clinician's job is to support both partners in the exploration of their schemata by helping him/her to dive deeper into his/her emotions by asking open-ended question. By asking these questions, the clinician helps the speaker (i.e., stressed partner) to engage in deepened emotional self-disclosure regarding the stress situation.

During the three phases, the clinician prompts/coaches both partners simultaneously (the speaker and the listener) by joining both partners with gaze and verbal reinforcement and by prompting them in their specific roles. For the speaker, the clinician prompts him/her to emotionally self-disclose with regard to personal schemata triggered by the stress situation (by asking open-ended questions and reinforcing stress communication). For the listener, the clinician asks him/her from time to time to summarize the important elements of self-exploration that were expressed by the speaker, to emotionally connect (phase one), and to adequately support their partner (phase two).

CCET workshops

CCET aims to help couples identify daily stressors and their impact on couples' functioning while teaching them to cope with these stressors in a more effective way. Additionally, couples are taught to increase their mutual understanding, tolerance, and acceptance of one another. CCET has five major goals: (a) improving individual

stress management; (b) enhancing the couple's ability to cope together; (c) sensitizing the couple to issues of mutual fairness, equity, and respect with regard to dyadic coping; (d) improving marital communication (by teaching partners deeper self-disclosure by means of speaker and listener rules); and (e) enhancing problem-solving skills (by means of a structured multistep approach.

CCET workshops can be delivered in a variety of modalities: as a weekend workshop (duration between 8 and 15 hr according to the format) or as an online intervention. Usually, weekend workshops include six to eight couples, with one trainer per two couples in order to coach closely the communication and support exercises. Providers are well trained and licensed (for more information see Johnson, Randall, & Bodenmann, 2018). The efficacy of CCET has been examined with heterosexual couples (see different studies below) and is currently being developed to be piloted with same-sex couples (Randall, Totenhagen, & Bodenmann, 2019).

Effectiveness of Coping-Oriented Couple Approaches

Effectiveness of CCET

The CCET (Bodenmann & Shantinath, 2004) is based on cognitive-behavioral therapeutic principles and empirical findings conducted across cultures (see Randall & Bodenmann, 2009; Revenson et al., 2005).

CCET (Bodenmann & Shantinath, 2004) has been found to be effective in various forms of delivery. In different formats varying in dosage (15, 12, 8 hr plus blended learning by means of a DVD; Zemp et al., 2017), also a pure self-directed approach of CCET (DVD intervention; Bodenmann, Hilpert, Nussbeck, & Bradbury, 2014) showed significant improvements in dyadic coping, conflict communication, and relationship satisfaction in women (with mixed results in men). The efficacy of CCET has been shown in several studies, reporting positive effects on relationship satisfaction, couple communication, and dyadic coping with mean effect sizes of $d = 0.36$ (post), $d = 0.32$ (follow-up after 6 months), and $d = 0.44$ (after a 1-year follow-up; Bodenmann, Pihet, Shantinath, Cina, & Widmer, 2006; Randall et al., 2010). The improvement of dyadic coping has also been found to be associated with reduced depressive symptomatology ($d = -1.3$; Bodenmann, Plancherel et al., 2008) and increased psychological well-being (Pihet, Bodenmann, Cina, Widmer, & Shantinath, 2007).

Effects of CCET were found to be stronger in distressed couples, showing generally high levels of stress or a lower relationship satisfaction (Bodenmann et al., 2014). The improvement of dyadic coping by means of CCET has also been found to be associated with reduced child conduct problems and externalizing symptoms (Bodenmann, Cina, Ledermann, & Sanders, 2008).

Effectiveness of COCT

Similar to the CCET, COCT or couple-focused interventions have a similar focus on the enhancement of dyadic coping skills. The approach is based on the assumption that relationship distress is often a consequence of external stress that triggers unpleasant or problematic personality traits (e.g., rigidity, dominance, intolerance, avarice,

anxiety) that develop their destructive potential and exert a detrimental impact on the close relationship (e.g., tensions, arguments, disappointment, disillusion). In the context of cancer, couple-oriented interventions are well documented (Badr & Krebs, 2013) as they are in couples dealing with chronic health conditions and psychopathology (Fischer, Baucom, & Cohen, 2016).

Effectiveness of TOGETHER

TOGETHER is another prevention program designed to enhance dyadic coping in couples dealing with economic stress (Falconier, Kim, & Conway, 2018). TOGETHER is an interdisciplinary prevention program that focuses on financial strain in particular. Specifically, TOGETHER aims to help couples under financial strain improve their financial management, communication, and dyadic coping skills by (a) enhancing awareness of the deleterious consequences of financial strain on individuals' psychological well-being and on couples' relationships; (b) enhancing problem-solving skills and couple's communication about financial issues; (c) enhancing partners' mutual understanding about beliefs, roles, and expectations regarding finances; (d) improving individual and dyadic strategies to cope with financial strain as a couple; and (e) teaching effective ways of handling finances (e.g., financial planning, financial styles, improving financial behaviors, credit use, risk management) (for details, see Falconier et al., 2018). A recent pilot study conducted by Falconier et al. (2018) supports the effectiveness of TOGETHER.

Overall effectiveness of coping-oriented interventions

The research presented points to the efficacy and effectiveness of coping-oriented interventions, wherein most of these studies are RCT studies. However, it is challenging to have "pure" control groups to track in follow-up studies. Most studies have been conducted so far with heterosexual, middle-aged, and well-educated couples. As such, the generalizability of such coping-oriented approaches to minority couples and those with low SES is limited. Falconier et al. (2018) are the first to investigate effects of coping-oriented interventions in the latter population, with a specific focus on couples coping with financial stressors. Randall, Totenhagen, and Bodenmann (2019) are currently revising the CCET manual with a focus on coping with the experience of sexual minority stressors for sexual minority couples.

Differences Between Coping-Oriented Interventions and Other Approaches

Coping-oriented interventions differ from cognitive-behavioral therapy or emotion-focused couple therapy, in that coping approaches specifically focus on the impact of external stress on couples' functioning, and particularly in its emphasis on the enhancement of couples' dyadic coping resources. While other approaches mainly work on the improvement of communication skills and emotion-focused interaction patterns, CCET and COCT emphasize strengthening mutual understanding, shared support, and intimacy between partners.

Feasibility and application of methods

Coping-oriented interventions usually are received well by couples. Couples who engage in such interventions learn the negative impact of external stress on their communication and shared time and the importance of coping together with these adversities. The 3-phase method is, however, rather demanding for therapists as well as couples, as stress-related emotional self-disclosure demands the willingness to confide in the partner and to trust that personal vulnerabilities are handled with carefulness. For the listener, the method can be considered demanding as well, as he/she has to accept emotional contagion in order to emotionally understand the partner and be prepared to provide emotional support. The method is successfully used in prevention (i.e., CCET) and coping-oriented couple therapy (COCT) with most couples. It is not applicable with couples in escalating crisis, when one partner is diagnosed with psychosis or personality disorders such as antisocial, narcissistic, histrionic, or paranoid personality disorder or suffers from an acute PTSD. In all other cases the 3-phase method is applicable, albeit at a later stage in the therapy, for example, in cases of extramarital affairs, severe humiliations, grievance, or trauma. When one partner suffers from a chronic disease or a psychological disorder the 3-phase method is applied as usual.

Discussion

Stress and coping in couples play an important role in relationship education and couple therapy (Randall et al., 2010). Teaching couples about the detrimental effects of stress on individual and relational well-being as well as techniques aimed at improving couples' coping (i.e., dyadic coping skills) is of great importance for mental health professionals working with couples. Despite its importance and international attention (see Falconier et al., 2016), fostering couples' resilience against stress is still neglected in many clinical interventions. Although couple-oriented interventions are proposed in many different health problems, and become more and more recognized, the aspects of stress and dyadic coping remain neglected issues that merit further consideration.

The 3-phase method offers an easily adaptable technique that can be widely used and integrated in different therapeutic approaches, above and beyond the traditional communication or problem-solving techniques present in couples' therapy (Gladding, 2014), which aim to improve couples' stress resiliency. As communication deficits, sexual problems, lack of intimacy, and alienation between partners are often consequences of unresolved stress, a focus on these aspects is beneficial in relationship education (e.g., CCET) as well as couples' therapy (e.g., COCT). In most cases, working on an improvement of individual coping skills is not sufficient to combat stress' deleterious effects; the enhancement of dyadic coping is required. As has been shown in this chapter, the 3-phase method, a support-oriented training helping couples to improve their stress-related self-disclosure and their empathic listening and aiming to broaden their mutual support behaviors, is a useful technique that can be applied with a wide range of couples in different stages of their relationship and with regard to various stressors (e.g., daily hassles, financial strain, child-related stress, minority stress, and health-related stress).

Research of the last 20 years indicate that strengthening dyadic coping is beneficial for relationship functioning as well as for all family members' psychological and physical well-being (Falconier et al., 2016). As in systemic family therapy (Minuchin & Nichols, 1998), stress and coping are traditionally considered as an interdependent phenomenon, affecting all family members; as such a therapeutic focus on these two target variables makes considerable sense. Studies on the effectiveness and efficacy of coping-oriented interventions show promising results and illustrate that strengthening couples' coping is valuable above and beyond traditional interventions.

Future directions

To date, the effectiveness of coping-oriented interventions (CCET, COCT, TOGETHER) has been mainly conducted with heterosexual couples coping with "common stressors." A promising area for future research is to expand work with understanding couples' experience of normative stressors (e.g., transition to parenthood) and minority stressors (e.g., same-sex couples, racial minorities, couples dealing with specific rare diseases, etc.). Randall and colleagues have made promising contributions in moving this field in this direction. Furthermore, there is also a lack of knowledge regarding the question of whom couples may benefit most from interventions targeting stress and coping and how the methods (i.e., 3-phase method) have to be adapted to specific needs (e.g., attachment styles, psychological disorders such as dementia in elderly couples or PTSD, severe health problems, military deployment, etc.). Although coping-oriented interventions seem to be beneficial for most couples, specific modifications of the techniques may be even more promising for clinicians working with distressed couples.

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