

## SPECIAL SERIES

# Universal Processes and Common Factors in Couple Therapy and Relationship Education

*Guest Editors:* W. Kim Halford and Douglas K. Snyder

## Introduction

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Across nearly all cultures, sharing a lifelong committed relationship with an intimate partner comprises an almost universal and strongly held ambition. Nevertheless, cross-national data reliably indicate a high prevalence of relationship distress and dissolution, with adverse emotional and physical health consequences for adult partners and their children. This introduction to the special section summarizes findings regarding the effectiveness of couple therapy for treating general relationship distress, couple-based interventions for individual mental or physical health problems, and couple relationship education programs aimed at helping couples sustain a healthy committed relationship. Within each of these approaches, evidence regarding potential mediators of interventions' effectiveness is reviewed, and critical unanswered questions are highlighted. Discussion concludes with a brief introduction to each of the articles comprising this special section on universal processes in couple therapy and relationship education.

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THE PREVENTION AND TREATMENT of couple relationship problems comprise an essential component of health services. Four factors contribute to the importance of couple-based interventions: (a) the high prevalence of couple relationship distress, (b) the impact of couple relationship quality on the health and well-being of adult partners and their offspring, (c) the demonstrated effectiveness of evidence-based couple therapy and relationship education in enhancing couple relationships and reducing relationship problems, and (d) the effectiveness of evidence-based couple interventions as the primary or adjunct intervention for a variety of individual psychological and physical health disorders. However, different approaches to couple therapy and relationship education produce largely similar effects of couple relationship quality, raising the obvious question as to what mechanisms account for the effects of couple-based interventions. In this introduction to the special section we summarize the evidence for the effectiveness of couple therapy and relationship education, consider the mediators of change in couple interventions, and integrate these findings to provide an introductory overview to the following articles focused on universal processes and common factors in couple interventions.

### The Significance of Couple Relationships

Sharing a lifelong committed relationship with a partner is an almost universal aspiration, and for most people that means getting married. More than

85% of people marry by age 50 across almost all countries, cultures, and religions (United Nations Economic and Social Affairs Population Division, 2003), although rates of marriage have declined in developed countries since the 1970s and, in some countries (e.g., France, Norway), estimated rates of people marrying by age 50 have fallen to 65% or lower (Organization for Economic Development and Cooperation Social Policy Division, 2010). However, among those who choose not to marry in Western countries, the vast majority of people enter "marriage-like" cohabiting couple relationships (Clark & Crompton, 2006; United States Census Bureau, 2003; Western & Qu, 2008). The desire to be in a committed partner relationship is so pervasive that some researchers have argued that it reflects an evolutionary imperative (Buss, 2003).

Almost all marriages and other committed couple relationships begin with high relationship satisfaction (Glenn, 1998; Lavner & Bradbury, 2010). The partners usually hope (and expect) that the relationship will be lifelong, yet in many couples these initial positive feelings decline with time and couple relationship distress is common (Halford, *in press*). Across most nations with reliable data, divorce rates have increased since the 1970s, with high divorce rates being most evident in developed countries (Organization for Economic Development and Cooperation Social Policy Division, 2010; United Nations Economic and Social Affairs Population Division, 2003). For example, of all first marriages approximately 43% in the United States, 36% in Australia, and 38% in Canada end in divorce (Australian Bureau of Statistics, 2008; Glenn, 1998; Statistics Canada, 2003). Rates of distress and relationship dissolution are even higher in cohabiting than married couples (Hayes, Weston, Lixia, & Gray, 2010). Moreover, the onset of relationship distress is often relatively early in couple relationships; about half of all divorces occur in the first 10 years of marriage (Glenn, 1998), and about 50% of cohabiting couples separate within the first five years of their relationship (Hayes et al., 2010).

Couples that sustain mutually satisfying relationships accrue myriad benefits; being in a healthy, mutually satisfying relationship is a potent predictor of positive health and well-being for adult spouses and their children (Amato, 2000; Proulx, Helms, & Buehler, 2007). The partners in such relationships live longer (Ross, Mirowsky, & Goldsteen, 1990), report fewer health problems (Waite & Gallagher, 2000), and use health services substantially less (about 25% lower costs per person; Prigerson, Maciejewski, & Rosenheck, 2000), than people in distressed relationships.

Stable marriages are also associated with financial prosperity (Waite & Gallagher, 2000) and low likelihood of needing government support (Thomas & Sawhill, 2005). Furthermore, there is evidence that children raised by their own parents in the same home are advantaged on many dimensions, such as psychological adjustment and school attainment (Amato, 2000).

In contrast, relationship distress is strongly associated with poorer health, well-being, and finances in the spouses. In a U.S. national survey, the most frequently cited causes of acute emotional distress were relationship problems including separation and couple relationship distress (Swindle, Heller, Pescosolido, & Kikuzawa, 2000). Representative surveys of the U.S. population show a moderate to strong association between relationship distress and common psychological disorders in the spouses—notably depression, anxiety disorders, and drug and alcohol abuse (Whisman, 2007). Maritally distressed individuals are overrepresented among those seeking mental health services, regardless of whether they report marital distress as their primary complaint (Lin, Goering, Offord, Campbell, & Boyle, 1996). Moreover, there seems to be a specific effect of couple relationship distress, as its association with individual psychological disorders is evident even after controlling for distress in other close relationships (Whisman, Sheldon, & Goering, 2000). Relationship distress is also associated with poor work performance (Forthofer, Markman, Cox, Stanley, & Kessler, 1996), and two thirds of clients seeking assistance with workplace-related concerns from employee assistance programs cite family problems as "considerable" or "severe" (Shumway, Wampler, Dersch, & Arredondo, 2004).

The couple relationship also has a strong association with child outcomes. Meta-analytic studies show a reliable association between couple relationship functioning and parent-child interactions, with average effect sizes ranging from  $d=0.46$  to  $0.62$ . Parents in satisfied couple relationships are more likely to engage in optimal parenting practices such as acceptance, support, and consistent and appropriate discipline (Erel & Burman, 1995; Krishnakumar & Buehler, 2000). In contrast, distressed couple interaction that is aggressive and hostile is especially detrimental to child outcomes; it reduces parental involvement and support, appropriate disciplinary practices, and parental consistency of response (Krishnakumar & Buehler, 2000).

In brief, couple distress has a high prevalence, is strongly linked to health problems in the adult partners and their offspring, and is a frequent primary or secondary concern reported by individuals seeking

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