Introduction

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Over the past 30 years, the lion’s share of research on stress and coping has focused almost exclusively on the coping efforts used by individuals, describing types or modes of coping strategies and their effects on physical and mental health outcomes. Major life stressors do not limit their influence to individuals but instead spread out like crabgrass to affect the lives of others in the individual’s social network: family, friends, coworkers, neighbors, and even whole communities. Quite simply, people cope in the context of relationships with others. And those “others” are affected by the same stressors in a pattern of radiating effects (Kelly, 1971). Yet relatively few coping researchers have investigated how intimate partners cope with stress as a couple or how the coping efforts of partners mutually influence each other. It seems that an essential step toward further clarification of the relationship between stress and health involves examining coping as it naturally occurs within the context of significant relationships, in particular, the marital or marital-type relationship.

The past decade has witnessed the development of several theoretical frameworks for studying how couples cope together with life stress. Whereas there were only a few contributions published on stress and coping in couples before the 1990s, an increasing amount of theoretical and empirical work on this topic has emerged in the last decade (see Fig. 1). A number of researchers, primarily in the United States and Western Europe, became interested in how coping research could move past the individual level to

![Figure 1](image-url)

**Figure 1.** Growth in publications on stress and coping among couples over a 40-year period.
include the family context and began developing theoretical frameworks, empirical research, and innovative practice models to address these issues.

These developments surfaced at a time in our social history when stress permeates Western society and radical social changes challenge couples and families. For example, the dramatic increase in women working outside the home has led to juggling of work and family life (Artis & Pavalko, 2003; Crosby & Jaskar, 1993; Shelton & John, 1996). The likelihood of becoming a caregiver for an older family member who has a chronic mental or physical health condition is increasing for both women and men and has led to the type of stress known as caregiver burden (Marks, 1996; Marks, Lambert, & Choi, 2002; Schulz, O'Brien, Bookwala, & Fleissner, 1995). Economic stressors and strains have pushed many couples to increase their work hours in order to maintain a lifestyle promoted by the larger culture. Daily fears of terrorism and violence ranging from urban crime to political conflicts, wars, and ethnic clashes, are present worldwide.

Coupled with this multiplicity of daily and chronic stressors are the dwindling resources in our social environment to deal with them. Almost every form of social capital has been on the decrease (Putnam, 2000). As these resources become less available in the larger society, more pressure is placed on intimate partners and family members to deal with the stresses of daily life. Without the coping abilities and skills to manage the stress, many couple relationships suffer or break down. Karney, Story, and Bradbury (see chap. 1, this volume) suggest that this inability to cope with stress, coupled with poverty and low social resources, is a key reason for the high divorce rate in Western countries. At the very least, we know it is a fundamental and ubiquitous reason for seeking counseling and psychotherapy.

A major critique of stress and coping theories is that coping is not an individual process but occurs within a social and historical context (Revenson, 2003). Newer theoretical approaches such as relationship-focused coping (Coyne & Fiske, 1992), interpersonal regulatory processes (DeLongis & O'Brien, 1990; O'Brien & DeLongis, 1997), coping congruence (Revenson, 1994, 2003) and the systemic-transactional conceptualization of stress and coping (Bodenmann, 1995, 1997) have expanded the original stress and coping theories laid down in the 1970s and 1980s (e.g., Lazarus & Folkman, 1984; Lazarus & Launier, 1978; Pearlin, Lieberman, Menaghan, & Mullan, 1981; Pearlin & Schooler, 1978) and bring the notion of coping within the context of intimate relationships to the foreground. Dyadic coping involves both partners and is the interplay between the stress signals of one partner and the coping reactions of the other, a genuine act of shared coping.

**Themes Embedded in this Volume**

This volume presents new approaches in stress and coping research that focus on dyadic relationships, in particular, marital or long-term intimate relationships. The chapters present theoretical frameworks, formative research to test those frameworks, and translation of research findings into practice princi-
Emerging perspectives, the phrase used in the book’s subtitle, captures the character of the scholarship presented in this volume. Although the scholarship is original and at times pathbreaking, it is not always fully developed or without logical flaws. A first effort to assemble ideas that bridge several disciplines and two continents is bound to seem provisional. Definitions of dyadic coping differ from chapter to chapter, for example. Thus, the collection of perspectives in this volume creates a somewhat dizzying array of overlapping conceptualizations rather than a single cohesive conceptual model that is ready to be widely applied. We hope that this volume serves as a necessary first step to move the scholarship toward a heightened awareness of points of convergence and divergence and toward more integrative models to be tested.

Five prominent themes described below emerge from the individual chapters and are woven through the volume.

**Conceptual Frameworks for Dyadic Coping Must Be Dyadic**

Almost all the chapters have something to say about the conceptual underpinnings of dyadic coping processes: What should we be looking for? These conceptual issues frame the questions that are asked in couples research and point to methodologies that are needed to answer “couple-level” questions. Most importantly the dyad, or relationship, should be the unit of analysis at all stages of the research process, from conceptualizing the problem through methods and measurement to data analyses and interpretation. Conceptualization of the pattern of coping between two people—in Lazarus’ terms, the person–environment transaction (Lazarus & Launier, 1978)—is the essential beginning of couples research. Obtaining data from both partners indicates progress in recognizing the limitations of individual constructions of coping, but collecting data from both partners does not in and of itself constitute dyadic-level research. Several chapters in this book (see chaps. 1, 3, & 7) illustrate how analyses at multiple levels of analysis can be utilized to reveal dyadic or couple-level coping.

**Know Thy Stressor**

A second theme is how the nature of the stressor affects dyadic coping processes. Literally hundreds of studies have shown that the properties of stressors shape coping efforts and adaptation (Cohen, Kessler, & Gordon, 1997). These properties include the magnitude of the stressor (minor stressors such as daily hassles or small life events vs. major stressors); the duration and nature of stress exposure (acute, intermittent, repeated, or chronic); the domain of stress (work, family, or medical); and the stressor’s radiating effects on other stressors (i.e., stress contagion). The first chapter of this book, by Karney and his colleagues, emphasizes the distinction between acute versus chronic stressors as they affect marital quality among newlyweds. In chapter 3, Preece and DeLongis illustrate the confluence and reciprocal influences of major and minor stresses within the realm of stepparenting. Other chapters
focus on single major life stressors, such as chronic or life-threatening illness (see chaps. 5, 6, & 7, this volume), depression (see chap. 5, this volume), and the transition to parenthood (see chap. 5, this volume).

**Dyadic Coping With Stress Is a Process**

Apart from the differentiation of the various forms of stress, it is critical to capture the dynamics of the coping process (Lazarus & Launier, 1978; Pearlin et al., 1981). The experience of dyadic-level stress in couples is a process of mutual influence in which the stress of one partner affects the other if the partners' coping skills (independently and jointly) are not sufficient to handle the stressor. It also makes sense to distinguish different phases within the stress and coping process and to assess stress and coping on multiple levels (individual and partner) within a specific social context. Bodenmann (see chap. 2, this volume) proposes an integrative framework for studying dyadic stress that is useful for both planning research and understanding different coping processes in intimate relationships. Several chapters (e.g., chaps. 5, 8, & 9, this volume) use a similar model of dyadic coping for understanding marital interactions under stress and developing innovative interventions and treatments.

We should note that although all the contributors share a general framework of dyadic-level coping, the chapters in this volume constitute “variations on a theme.” Moreover, this volume is the first to present most of the current models of dyadic coping in one place. It is intriguing to see how many different models of dyadic coping are proposed and how each one captures a slightly different perspective. For example, Cutrona and her coauthors (see chap. 4, this volume) emphasize interpersonal trust as both a predictor of and component of dyadic coping; whereas Revenson and her coauthors (see chap. 7, this volume), Acitelli and Badr (see chap. 6, this volume), and Preece and DeLongis (see chap. 3, this volume) focus more on the fit or congruence between partners' coping and how it operates within the larger social context of family.

**Dyadic Coping Within an Interpersonal Framework**

The fourth theme emphasizes the interdependence of the constructs of coping and social support. Specifically, the success of coping efforts is heavily determined by others’ responses. Although coping and support are overlapping concepts, they are not indistinguishable and each offers something unique to the understanding of human adaptation (see chap. 2, this volume). Moreover, it is important to separate social support transactions with persons outside of the marriage or dyadic unit from those with the spouse or partner. Both are essential components of dyadic coping processes, but are quite different. Almost all the chapters in this volume explore the mechanisms by which dyadic coping facilitates the exchange of social support and how social support processes influence coping processes. Some chapters focus on the broad concept of support provision as it affects marital quality (see chap. 4, this volume) or
adaptation to major stress (see chap. 7, this volume); whereas others focus on interpersonal communication processes (see chaps. 5 & 6, this volume).

Translating Research Into Intervention

A final theme of this volume is the translation of dyadic-coping research into psychosocial interventions. Although the last section is devoted to intervention research on dyadic coping, applications to practice are emphasized throughout all of the chapters. The applications are illustrated in clinical work with individual couples (see chaps. 5 & 9, this volume) as well as more comprehensive interventions for couples facing marital distress (see chap. 8, this volume).

Content and Organization

This book is organized into three parts. The first part, “The Role of Stress in Dyadic Coping Processes,” begins our examination of the concept of dyadic stress, its effect on couples’ coping processes and relationship outcomes, and theoretical frameworks used to study dyadic coping processes. In chapter 1, Karney, Story, and Bradbury use longitudinal data on newly married couples to investigate the differential effects of acute and chronic stress on marital outcomes. Often the role of the external environment is overlooked as researchers focus primarily on the internal working of the couple’s relationship and not its context. These authors offer a new perspective on understanding stress and use a multilevel methodology to systematically answer the question, “What kinds of negative outcomes are predicted by what kinds of stress?”

In chapter 2, Bodenmann expands on the concept of dyadic stress and coping with an innovative and dynamic theory of the dyadic coping process. He presents a typology of dyadic coping that distinguishes both positive and negative forms. This theory is supported by empirical findings on more than 1,000 couples, using multiple methods of data collection and various research designs. He investigates the questions, “How does stress affect marriage?” and “How does dyadic coping affect the relationship between stress and marital quality?”

Preece and DeLongis (chap. 3) expand interpersonal stress and coping to the rich context of stepfamilies. They examine how couples in stepfamilies use five coping strategies to manage interpersonal stressors and report findings on the connection between coping and relationship quality between parents and children. A unique feature of their research is the focus on both short-term (i.e., within the course of a single day) and long-term predictors (i.e., across 2 years) of relationship quality in stepfamilies. The authors illustrate how multilevel models can assist with the methodological problems that challenge researchers studying these complex systems of stepfamilies.

The second part of this book, “Social Support, Dyadic Coping, and Interpersonal Communication,” contains chapters that focus on the interplay between dyadic coping and social support processes. In chapter 4, Cutrona, Russell, and Gardner present a model of relationship enhancement in which they explain how social support enhances health and well-being within the
context of intimate relationships. They grapple with the question of how social support influences health and bring to light a neglected mechanism in the process through which supportive acts influence health: interpersonal trust. Drawing on both experimental and longitudinal naturalistic studies of couples, the authors offer compelling evidence for the interactions among social support, attributions, and trust. For the practitioner, they offer valuable suggestions for interventions and assessment of social support in intimate relationships. The chapter provides a new perspective on the long-range implications of how well or poorly couples support each other during difficult times—both for the relationship and health and well-being of each partner.

Pistrang and Barker (chap. 5) take the study of social support to a micro-level of analysis as they examine partners’ responses during conversations of helping interactions. Using a narrative approach, they untangle partners’ communication processes as they cope with serious stresses, including breast cancer and the transition to parenthood. Their study provides a unique dimension to this volume, in that the analysis focuses intensively on conversational analysis and has direct application to preventive therapy for couples. In their role as therapist researchers, Pistrang and Barker extend more conventional narrative approaches to what they describe as a tape-assisted recall method in which the partners are asked to review their own conversations and identify moments of empathy and lack of empathy and provide alternatives for communication. This communication analysis is embedded in a broader discussion of why social support is important for couples under stress, how this particular approach fills some gaps in the communication and psychotherapy literatures, and how an understanding of empathy and support needs to recognize the full range of formal and informal support. It is interesting to note that the research procedures in themselves seem to have therapeutic benefits to the couples.

The last two chapters of this part focus on how gender influences the coping process and exchange of support within a relational context. Although both chapters also focus extensively on a particular stressor, chronic illness, the chapter by Acitelli and Badr builds on an interpersonal relationships framework and emphasizes the notion of relationship awareness; in contrast, the chapter by Revenson and her colleagues comes from a health psychology perspective and focuses on how the context of the illness shapes dyadic coping processes.

In chapter 6, Acitelli and Badr contend that how couples cope with chronic illness may depend on who is the ill spouse—the husband or wife. Whether spouses perceive the illness as my illness or our illness has implications for coping and the provision of support. They propose that it is better for the well-being of a relationship for partners to view the illness as a relationship issue rather than an individual issue. In support of this, they present findings from two studies that address the relationship between gender and relationship talk, with samples of “healthy” couples and couples coping with a serious illness. These data present a compelling case that men and women behave differently and expect different types of support from their partners depending on whether they are in the role of the patient or the well spouse. Furthermore, which spouse—the husband or the wife—engages in relationship talk will have an impact on the relationship satisfaction.
Revenson, Abraído-Lanza, Majerovitz, and Jordan expand on the influence of gender on dyadic coping in chapter 7 but use a social ecological model to guide their work. The conceptualization of coping congruence is used as a framework to analyze the fit between the partners’ coping styles. To capture the interpersonal nature of coping, Revenson and her colleagues conducted a cluster analysis on coping behaviors of couples with rheumatic disease to describe how husbands and wives cope as a unit and how the medical, interpersonal, sociocultural, and temporal contexts affect couples’ coping. The question, “What’s gender got to do with it?” is addressed not only through these coping profiles but also by examining the division of household labor when either the husband or wife is ill.

The third and final part of this book focuses on specific psychosocial interventions with couples designed to enhance their coping with stress in general or with a specific stressor such as cancer. Widmer, Cina, Charvoz, Shantinath, and Bodenmann (chap. 8) describe their marital distress prevention program, Couples Coping Enhancement Training (CCET). This program integrates cognitive–behavioral approaches with theories of stress and coping and aims to strengthen the coping competencies of both partners through enhanced dyadic communication and dyadic coping. Based on the framework of dyadic coping presented in chapter 2, the six modules of the program focus on furthering partners’ understanding and knowledge of stress, enhancing their individual coping and dyadic coping, improving their exchange and fairness in their relationships, fostering marital communication, and improving problem-solving skills. The authors present two outcome studies that evaluate the effectiveness of the program on marital quality, dyadic coping, individual coping, communication behaviors, and dyadic adjustment.

In chapter 9, Kayser describes an innovative couple-level intervention to assist couples who are coping with the recent diagnosis of breast cancer. The Partners in Coping Program (PICP) consists of a series of skill-based interventions designed to help couples enhance their interpersonal functioning (communication, coping strategies, problem solving, and emotional support), use help from others, realign family responsibilities, and provide continuity in their lives. This program is also based on the theory of dyadic stress and coping as conceptualized by Bodenmann (chap. 2) and employs cognitive–behavioral interventions with both partners. Preliminary findings from a clinical trial using a randomized group design support the intervention to enhance the dyadic coping of couples faced with the challenges of early-stage breast cancer.

The study of coping on a dyadic level represents a next step in understanding process as well as outcome, particularly when individuals are coping with stressors that affect both spouses. We cannot continue to separate the study of coping processes from that of social support. Whether we choose to conceptualize social support as a form of coping assistance (Thoits, 1986) or as a mode of coping (Bodenmann, 1997; O’Brien & DeLongis, 1997), much of what is considered coping involves the appraisals, actions, emotions, and feedback of others (Lazarus, 1999). Taken together, the chapters in this volume provide the field with both a new and exciting conceptualization of dyadic coping processes and a challenging set of unanswered questions that will guide future research.
References


