



A GUIDE TO EFFECTIVE PROGRAMMING

CHAPTER 2: What's love got to do with it?

The role of healthy couple relationships and marriages in promoting child, family, and community well-being

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Introduction

Involvement in family life education, with the Cooperative Extension System or a similar outreach organization, generally includes the offering of a variety of educational programs and services that promote child, family, and community well-being. Recently, stimulated by a White House initiative focused on “Healthy Marriages” and earmarked funding support, there has been an increased focus on providing relationship and marriage education.

Although this may seem to some as embarking in a “new” direction, there is actually quite a long history of providing family life education that is inclusive of education on healthy adult relationships and marriages. An examination of Family and Consumer Science textbooks and materials used in community-based Extension family life education in the past reveals a great deal of information on building and maintaining healthy marital relationships (e.g., Boyd 1981). In our more recent history, other areas of family life education have received comparatively more support and attention, such as family resource management, parenting, and promoting school “readiness.” Although healthy relationships and marriages continue to be central curriculum content in high school and college courses in Family and Consumer Sciences and Human Development and Family Studies university departments, for most community and Extension family life educators this has not been an area of focus during the last 20 years.

Therefore, a “new beginning” approach is offered. We explicate here the process we undertook in examining whether and how this area of family functioning should be addressed in community and Extension family life education. We used several important questions as a guide:

1. **Are healthy couple relationships and marriages related to child, family, and community well-being?**
2. **Is it an expressed community need?**
3. **Is there a research base to inform the program content of educational programs? Are there knowledge and skills that can be taught?**
4. **Is there evidence of positive impact?**
5. **Are programmatic goals and implementation clearly linked to the research base?**
6. **Does your organizational leadership support this work?**

The benefits of healthy couple relationships and marriages

Research in the human sciences provides a great deal of information for predicting which children will do well, which families will be the most stable, and which communities will prosper. Importantly, there is not one “best” predictor. Research identifies multiple critical needs of individuals and families.

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Some of the most important factors related to individual and family well-being are access to educational opportunities, stable employment, quality childcare, quality healthcare, a community or environment that offers social networks and connections, safe neighborhoods, the opportunity to learn parenting skills, child development knowledge, financial management skills, and self-care skills for monitoring both physical and mental health. In response, these are common topics for family life educational programs.

It has also become increasingly clear that the quality and stability of couple relationships and marriages are linked with child, adult, family, and community well-being. Yet, it is comparatively less likely that Extension or similar family life educators offer educational programs on this topic.

Healthy marriages, healthy children. Although parents in other family forms often work hard and can provide nurturing, healthy environments for children, it is in families where the adults are in a healthy, stable marriage that children, on average, are more likely to perform better in school, have fewer emotional and behavioral problems, and stay in school (Amato 2000; Coleman, Ganong, and Fine 2000). In addition, these children are less likely, on average, to engage in delinquent behaviors, including early and risky sexual activity, criminal activity, and abuse of drugs, alcohol, and tobacco, to experience a teen pregnancy, and less likely, on average, to have sleep or health problems (Amato 2000; Coleman, Ganong, and Fine 2000).

Studies also find that family structure is linked to parent involvement and parenting practices, particularly for fathers. When couples are not married, there is greater risk for fathers to not be as involved with their kids. The quality of parent-child relationships and quality of parenting are higher, on average, in married families compared to non-married families (Doherty and Beacon 2004).





Family Structure versus Process

Although comparison studies can be a useful starting point, it is the examination of family processes that helps explain these differences and provides information that informs educational efforts. A specific family structure cannot be taught or “prescribed.” Family life educators work with individuals in a variety of family forms and seek to find ways to enhance family dynamics associated with healthy outcomes for individuals and families, regardless of family structure or lifecycle “stage.” When attention is given to the research that examines relational processes, practical information is obtained for programmatic work.



Healthy marriages, healthy adults. There are also clear benefits for adults. Married people, on average, are healthier and live longer. They have comparatively lower stress levels and better health habits and practices. They are, on average, more stable emotionally and have lower incidence of mental health issues. There also appear to be economic advantages associated with marriage. Married individuals tend to accrue more capital and are more financially stable (Waite 1995).

While most studies have focused on family structure alone, important information comes from studies among married couples. Individuals in healthy marriages compared to those in unhealthy marriages have clear benefits physically, socially, and emotionally (Bookwala 2005; Kiecolt-Glaser and Newton 2001). As a result, the importance of examining not just family type, but also the quality of the relationship has been established.

Healthy marriages, healthy communities. Recent research links healthy couple relationships with benefits for communities and specifically, for the workplace. Adults in healthy marriages are more likely to be homeowners, and are more likely to be involved in their communities (schools, churches) and to offer volunteer time to support community-strengthening activities. Adults in healthy relationships are better employees. Research has documented that they have lower rates of absenteeism, greater work commitment, higher levels of productivity, and lower rates of job turnover (Forthofer et al. 1996; Lupton and Smith 2002; Gray and Venderhart 2000; Daniel 1995; Schoeni 1995; Cornwell and Rupert 1997; Nakosteen and Zimmer 1997).

Costs of unstable relationships and marriages. The outcomes are tangible; the potential costs of unhealthy, unstable relationships are real and increasingly quantifiable. It is estimated that 30 percent of sick time is taken for marital distress, rather than physical illness (Gottman 1998). Work loss associated with marital problems translates into a loss of approximately \$6.8 billion per year for U.S. businesses and industry due to such related issues as absenteeism, reduction in productivity, increased healthcare costs (Forthofer et al. 1996). One study found that in the year following divorce, employees lost an average of over 168 hours of worktime (equivalent to being fully absent four weeks in one calendar year) (Mueller 2005). Although divorce is a private decision, its consequences are not. According to recent research, divorce costs the state and federal governments an estimated \$33.3 billion annually in direct and indirect costs. These estimates include divorce costs related to delinquency, poor academic performance, drug use, medical services, lost productivity, charity costs, family support and mental health services, and lost social capital (Schramm 2006).

The couple relationship, parenting, and child outcomes: The linkages

The impact of parenting on child outcomes is a research base out of which most family life educators operate on a daily basis. They work to enhance parenting practices because of the demonstrated link between positive parenting practices and healthy child outcomes. Importantly, there is also a large body of literature demonstrating how impactful the quality of the couple relationship is, regardless of family structure. It has been repeatedly demonstrated that high levels of adult couple conflict is directly related to negative outcomes for children (e.g., Cummings and Davies 2002). Children who have experienced high levels of parental conflict tend to use more aggressive and “acting out” behaviors, tend to have lower academic achievement and have higher rates of depression. Children in families where couples have a high quality relationship tend to have more positive outcomes.

There is a body of “second generation” research that has further developed the study of direct effects on child outcomes to the study of the indirect effects of couple conflict on child outcomes through parent involvement and parenting practices (Buehler and Gerard 2002; Cummings and Davies 2002; Fincham 1994). This approach is consistent with a family systems perspective that suggests there are linkages or “spillover” between and among subsystems in the family (Whitchurch and Constantine 1993).

In the developmental psychology and psychopathology literature, there has been substantial recent attention given to the link between parent conflict and parent involvement and parenting practices (Grych and Fincham 2001). El-Sheikh and Elmore-Staton (2004) looked at the ways that couple conflict, parenting practices, and child outcomes are interrelated and found that a strong parent-child relationship protects a child from a couple relationship of poor quality. In other words, a strong parent-child bond can serve as a protective factor from the spillover of negative couple interactions on child outcomes. This link has also been found in the research on families after divorce. These findings reinforce the importance of directly strengthening the parent-child relationship through our program efforts.

In the same study, though, there is also evidence of the spillover effect into parenting. In other words, in many cases, the quality of the couple relationship is not kept separate from the parent-child relationship, and in fact, aspects of the couple relationship spill over into the parent-child relationship, which then directly affects children’s outcomes. There is a positive relationship, meaning that positive aspects of the couple relationship appear to promote positive parenting and negative aspects of the couple relationship appear to promote negative and ineffective parenting.

Overall, evidence of the link between relationship quality and parenting from the last decade of research is overwhelming, and the findings are quite robust. Elements of the couple relationship impact parenting practices, which in turn, impact child outcomes. This has been found among studies of married couples, non-married couples, post-divorce couples, low-income couples, higher income couples, ethnic majority couples, and ethnic minority couples (Carlson and McLanahan 2006; Fauber et al. 1990; Gonzales et al. 2000; Kitzman 2000). The impact is found on mothers’ parenting and fathers’ parenting (Belsky and Kelly 1994; Brody, Neubaum, and Forehand 1988). And, the connection is made from this spillover to outcomes for young children, school-age children, and adolescents (Buehler and Gerard 2002).

“Co-parenting” is a distinct dimension or part of the couple relationship that also has received the attention of researchers. There is growing evidence that the quality of the couple relationship impacts the co-parenting relationship in married and non-married families alike. Co-parenting refers to the level of support and cooperation between parents in regard to their parenting. The co-parenting relationship is also shown to impact parenting behaviors and the parent-child relationship. Co-parenting has been discussed in research on post-divorce and non-married families, but more emphasis is now being given to this dynamic in married families as well (Doherty and Beacon 2004).

Considering this evidence, it becomes very clear that education on the couple relationship can be beneficial to co-parenting and parenting and in turn, can promote child well-being. Many in the field believe we have a critical breakdown between research and educational family services. Cummings,



Goeke-Morey, and Graham (2002) wrote that the research shows that “marital functioning merits inclusion as a dimension of parenting.” Overall, research establishes the link between couple functioning and child, family, and community well-being. Therefore, a vital piece of the puzzle in family life education is missing if couple relationships are not addressed.

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The community’s interest in relationship and marriage education

Establishing the research basis for this area of programming is the first step. It is also necessary to investigate community needs and interests. Family life educators may think this is an important area to address; however, community members, who in most cases are accessing family life programs and services voluntarily, also have to think it is an important area in their lives.

Florida, Oklahoma, and Utah (Johnson and Stanley 2001; Karney et al. 2003; Schramm et al. 2003) have conducted statewide surveys and found overwhelmingly positive responses to questions about the appropriateness and the relevance of offering educational programs on healthy couple relationships and marriages (Table 1). Participants responded to many questions related to marriage education services. In response to a question regarding potential use of relationship education, such as attending workshops or classes to strengthen their relationship, 64 to 79 percent of respondents indicated that they would consider using relationship education. People also were asked to identify whether or not they consider it a good or very good idea for government to develop programs to strengthen marriage and reduce divorce. Sixty-seven to 87 percent considered it a good or very good idea for government to develop relationship education programs. Notably, these percentages are higher among respondents who were currently receiving government assistance and higher among ethnic minority respondents.

Table 1. Percentage of general population and government assisted survey respondents supporting relationship and marriage education efforts

Survey Questions	Statewide Samples			Government Assistance		
	FL	OK	UT	FL	OK	UT
Would consider using relationship education, such as workshops or classes to strengthen relationship	67	85	87	90	88	86
Considers it a good or very good idea for government to develop programs to strengthen marriage and reduce divorce	79	64	74	87	72	83

In a qualitative study involving 75 fragile family couples (i.e., nonmarried couples with young children), participants reported that they hold a very positive view of marriage, even though most had not experienced their own two parents being married. They also indicated many barriers to marriage for themselves, including financial concerns and relationship problems. They expressed being open to learning relational skills and discussing marriage as an option (Gibson-Davis, Edin, and McLanahan 2003). Similarly, in pilot and demonstration projects of relationship and marriage education conducted with very low-resource, ethnic minority parents, there has been documentation of overwhelming positive responses and interest in these programs (Adler et al. 2004).

Is there evidence of positive impact?

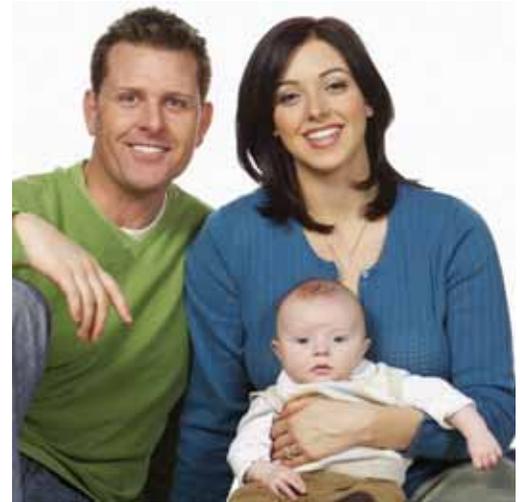
Ideally, it is helpful to move forward in programmatic work when there is not only research-informed program content and design, but also, research-validated program content and design. Importantly, there is evidence of positive impact in the educational and intervention efforts of programs focused on relationships and marriages (Carroll and Doherty 2003). Most interestingly, several studies have documented that by adding in couple-focused programs and interventions, there may be a greater likelihood of promoting healthy child outcomes by positively impacting parenting practices and the parent-child relationship (Carlson and McLanahan 2006).

Several studies have shown that addressing marital and co-parenting issues along with parenting issues resulted in greater reduction of sons' problem behaviors than parenting skills training alone (Dadds 1987; Brody and Forehand 1985). Webster-Stratton (1994) conducted an intervention study which showed that offering a parenting intervention alone had positive impacts on child aggression. But parents who also received marital therapy showed improvements in parental communication, problem-solving skills, parenting satisfaction, and children's knowledge about pro-social solutions to social problems that were significantly greater than the improvements of those who received the parenting intervention alone.

Cowan and Cowan (2002) offered couples education at the time of baby's birth to a sample of parents and have been able to show sustained positive impacts. At 3 years post-partum, no divorces had occurred in the treatment group versus 15 percent in the comparison group. At 3.5 to 4 years post-partum, those who had participated in couples education had comparatively higher parent well-being and their children had higher levels of adjustment to kindergarten. At 6 years post-partum, they documented higher marital satisfaction and family adjustment for the participant group.

In a more recent study, Cowan et al. (2005) compared the impact of a marriage-focused program and a parenting-focused program offered to parents at the transition to kindergarten. This study highlights the value of marriage-focused interventions for child outcomes. Participation in the marriage-focused program resulted in more positive parenting practices and parent-child relationships. Follow-up studies show that children whose parents were in the marriage-focused group showed greater academic competence and fewer behavior problems in 4th grade when compared to the children whose parents had participated in the parenting-focused program. Evidence of positive effects has been documented up to the 11th grade.

In pilot studies of marriage education for low-resource, ethnically diverse parents, statistically significant increases were found in couple quality dimensions, individual empowerment, understanding the importance of recognizing and leaving an unhealthy relationship, and the level of cooperative co-parenting attitudes and practices (Adler-Baeder et al. 2004). Statistically significant decreases were found in individual distress level and level of negative couple interaction. Comparing pre-program evaluation scores to post-program scores resulted in low to moderate effect sizes (.26 to .56). These changes were consistent for all participants, whether married or not, and whether they came alone or together. Michigan State University Extension also provided further evidence that these changes are related to program participation. Comparing participants to a control group indicated



Research-informed program content

To move forward with empirically informed program content, there must be an assurance of research knowledge about what factors and processes are related to healthy couple functioning and healthy marriages and that these factors can be changed by educational efforts. Just as there is research on patterns of parenting that are most likely to produce healthy outcomes for children and, therefore, inform the content of parenting programs, so too there exists research evidence of patterns and practices associated with healthy, stable couple relationships and marriages (e.g., Adler-Baeder, Higginbotham, and Lamke 2004). Indications are that these patterns of thinking and behaviors can be taught in an educational setting.

that change across time for participants differed significantly from the control group's change over time (whose scores either remained the same or worsened) (Shirer and Cox 2007). Participants also noted that programs increased their awareness of the importance of healthy relationships (Shirer, Adler-Baeder, Contreras, and Shoup-Olsen 2004).

Appropriate goals and objectives

The National Extension Relationship and Marriage Education Network (www.nermen.org) has been working to assist with the links between programmatic goals and implementation approaches and the research base. The NERMEN spent a great deal of time discussing the wording of their vision for this work so that programmatic goals and objectives would be clear. Their fundamental assessment of the research was that educational programs should be very inclusive (e.g., target youth or adults, married or non-married individuals), and objectives and goals should be “process-focused.” That is, appropriate goals and objectives, given the research, are improved individual skills/knowledge, more positive relational behaviors, reduction or elimination of risk factors associated with unhealthy and unstable relationships, and improved dyadic and family relationship quality. Goals do not include the “prescription” of marriage or encouraging or coercing individuals to stay in abusive or harmful relationships. In fact, a marker of program success should be a movement out of an abusive relationship.

Many scholars also agree that programs should help parents – whether married, divorced, unmarried, separated, or remarried – cooperate better in raising their children (e.g., Ooms and Wilson 2004). It is also recommended that educators “contextualize” this work and not think of relationship/marriage education as a “stand-alone” panacea for promoting child, family, and community well-being. Providing wrap-around services or connecting to other vital programs is the best approach, given the broad research and the evidence that multiple factors combine to create nurturing, healthy families.

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Planning and implementing

Family life educators should recognize the broad range of potential target populations. Although everyone can benefit from information on healthy couple relationships, an effective practice is to think about implementing programs for participants by their developmental phase and by specific content. For example, one's program goals and corresponding content for youth will differ from the program goals and corresponding content for married new parents. (For more information about youth-focused relationships education see Chapter 5.) In addition, family life educators should recognize that couples living in stepfamilies face unique issues and developmental processes that impact the couple relationship, and consideration should be given to these unique needs in marriage education programs. (For more information about programming for stepcouples see Chapter 6).

In addition to the “who,” educators also need to consider the “how.” We suggest two possible approaches: an Additive Model and a Blended Model. An Additive Model uses topic-specific, stand-alone curricula on couple relationships. Efforts should be made to ensure that participants are connected to other available family life education. However, the state-of-the-art design is the use of a Blended Model. Efforts are under way to design more family life education material and curricula that combine lessons that promote individual life skills, parenting skills, intimate couple relationship skills, and co-parenting relationship skills. This model of implementation is linked most clearly to our research base. (For more information on program development see Chapter 4).

Program implementation and design should also continue to use a development process to guide efforts. It is recommended to start with the research base and a clear theoretical framework and use an iterative, “action research” approach (Dumka et al. 1995) to program implementation. This means that the research on program implementation is fed back into the program design, thus moving toward “best practices” models of relationships and marriage education. (See Chapter 2 for more information.)

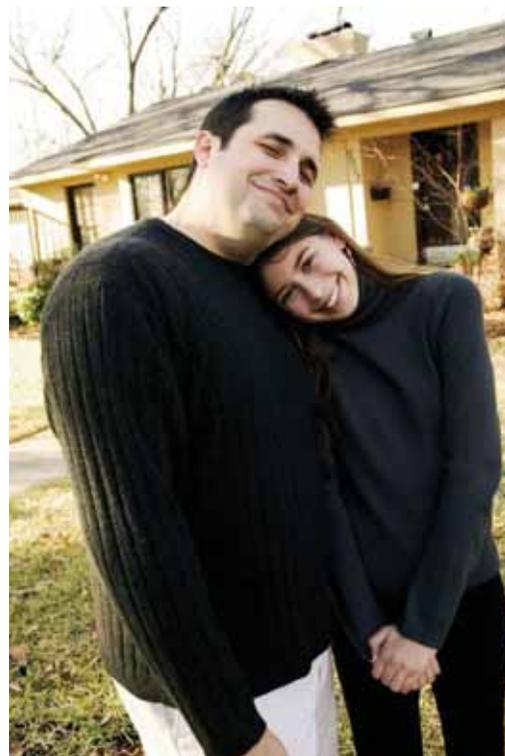
Organizational support, concerns, and misconceptions

Another consideration is whether the leadership of one’s organization understands and supports offering relationship and marriage education. We know that both organizational leaders and educators alike have expressed skepticism or questioned the appropriateness of offering relationship/marriage education. Some believe that the programs “promote” the structure of marriage as a stand-alone goal, which might suggest that participants stay in abusive and dangerous relationships. Some are concerned that educators are not adequately equipped to teach about adult relationships, and that this is the domain of trained therapists. Others believe that offering marriage education discriminates against nonmarried individuals. Some have questioned if relationship and marriage education is relevant in today’s world or if community members are interested in this topic.

These concerns may stem from either unclear or unknown answers to the considerations we have presented in the previous sections. For example, there appear to remain misperceptions or incorrect assumptions about program design and programmatic goals. As has been emphasized, the research does not suggest the “promotion” or the “prescription” of marriage as a solution. Rather, research suggests the implementation of process-oriented work that is focused on increasing knowledge and skills associated with healthy relationships and marriages. It is this information that makes up the program content of research-based marriage education.

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In regard to the reaction that this work is therapeutic and inappropriate for educators, we emphasize again the research base that identifies factors and patterns of behaviors that are associated with healthy relationships and healthy marriages. As in parenting education, information and skills training can be provided in educational settings, and evidence already suggests that these educational efforts can have desirable impacts.



The suggestion that marriage education is only for married individuals is a misperception. Clearly, research supports the offering of educational programs to married and non-married adults and to youth. In fact, the target population for relationship and marriage education is perhaps the most inclusive of any family life education program.

Regarding the doubt that community members have an interest or need for marriage education, both state and national surveys indicate a strong interest and desire to participate in these educational programs. In addition, pilot projects suggest interest and relevance through successful recruitment, high retention rates, and clear feedback from educators and participants on the value of these educational programs.

Overall, criticism may stem from not having a clear understanding of the strong evidence that points to the centrality of healthy relationships as a key element associated with desirable outcomes for individuals, families, and communities. We suggest that educators continue to do more to share the research evidence that provides the basis for focusing on healthy relationships and marriages as a vital area in comprehensive family life education programs and services.

Conclusion

In conclusion, support for this work is warranted given the evidence of several key points. The quality of adult relationships in the family is a vital area of family functioning related to child, adult, and family well-being. Addressing the couple relationship along with the parenting relationship has added value for promoting child and family well-being. There is documented community need and interest. We have an empirical knowledge base from which to teach. There are initial indications of positive program impact, such that we are building evidence for “best practices” through action research. The bottom line is this: *Addressing healthy relationships and marriages is consistent with any organizational mission that includes the promotion of child, family, and community well-being and quality of life.*





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