

# Treating Cohabiting Couples with a HOPE Approach



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*Disclaimer: This document is intended to be continually updated with current research in order to be as beneficial as it can be for both the clinicians and the HOPE Couples Project as a whole*

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## Overview

Throughout the years, the HOPE Couples Project has served a number of groups and family structures. Each year, there appears to be a new theme or increase of the treatment of a certain population. In recent years, a number of unmarried, cohabiting couples have been coming into the clinic. As such, it is important to delve into the current literature to examine themes in how to best provide cohabiting couples services when they seek it out through HOPE. This document serves to be a framework for treating cohabiting couples through a HOPE approach, not as a protocol to follow step-by-step. By approaching this as a framework protocol, the involved clinicians can have more flexibility in how to conceptualize their treatment plan. As previously stated, it is intended and recommended that the materials are periodically updated as new research surfaces that influence treatment of cohabiting couples in the HOPE Project. The framework protocol will include a variety of resources, including a literature review of the current research and interviews with relevant researchers and clinicians (as of spring of 2021), an example treatment plan, different diversity and treatment considerations for cohabiting couples, and a reference page with consulted research. The emphasis of this protocol is to be sensitive to the complex potential of the couple and their relationship. Through the use of this framework, clinicians will be better able to assess a couple's intention regarding staying together, dissolving, or moving forward in a therapeutic and HOPE-based manner.

## Literature Review

Couples in the United States are trending toward delaying marriage in favor of cohabitation (Rhoades et al., 2009). In particular, the forty-five year period of 1970-2015 saw an enormous increase in rates of premarital cohabitation: in 1970, only 11% of women marrying for the first time had cohabited, compared with 70% by 2011 (Rosenfeld & Roesler, 2018). Based on a 2002 national survey, Goodwin et al. (2010) reported that about 9% of adults aged 15-44 were currently cohabiting in heterosexual relationships. In light of cohabitation's upward trend,

scientific literature has been slow to comment on the dynamics and needs of cohabiting couples compared to married or dating couples.

Even less literature is available to inform couple therapy with this population. Shannon and Bartle-Harring (2017) suggested that when cohabiting couples present for therapy, they represent a demographic distinct from both married and single clients, with unique characteristics and clinical needs. Like married couples, cohabiting couples are navigating relationship tensions around communication, intimacy, shared responsibility, and shared life structures, while holding a greater sense of differentiation and independence that may be similar to singles. Many approaches to couple therapy assume a level of long-term commitment that may or may not be present for non-married couples. Designed to help couple therapists meet the needs of cohabiting couples, this paper explores theories around cohabitation, dynamics and diversity factors that may impact couples' experience in cohabiting relationships, and lastly, recommendations for clinical work.

### **Theories About Cohabitation**

Before exploring unique client factors and clinical applications, it is important to understand general findings and corresponding hypotheses about cohabiting relationships.

#### **The Cohabitation Effect**

The “cohabitation effect” refers to repeated research findings that cohabiting versus marriage is associated with higher divorce rates and more negative communication styles, conflict, domestic violence, and infidelity (Rhoades et al., 2009; Stanley, Rhoades, & Markman, 2006). Some researchers have attributed these findings to the “selection hypothesis” (i.e., that couples at greater risk for these outcomes might be more likely to choose to cohabit); however, this theory has gone unsupported in several studies and has lost credibility as cohabitation has become more common (Dush & Amato, 2005; Rosenfeld & Roesler, 2018).

The “normalization hypothesis” predicts that outcomes for couples who cohabit will converge with outcomes for married couples as societal stigma around cohabitation dissipates (Rosenfeld & Roesler, 2018). Kuperberg (2017) argued that differences in divorce rates between direct marriers and cohabitators in recent decades disappear after controlling for religiosity, education, and the age of initial cohabitation. Rosenfeld and Roesler (2018) set out to test this hypothesis and found variation with duration of marriage: Couples who cohabited before

marriage were slightly less likely to divorce within their first year of marriage. However, separation rates for these couples peaked two to five years post marriage, with couples who had not cohabited prior to marriage having lower divorce rates long-term.

The “practical experience hypothesis” further shifts cohabitation’s value from neutral to positive, suggesting that cohabiting couples benefit from learning practical skills for the relationship during cohabitation (Rosenfeld & Roseler, 2018). As of yet, little research has investigated this theory directly.

### **Inertia Theory**

Stanley, Rhoades, and Markman (2006) proposed “inertia theory” to describe the increased likelihood that cohabiting couples will stay together—even without a strong desire or intentional commitment to be together—because of the practical “constraints” of living together. Inertial factors that keep couples together include costs of dividing possessions and finances, aversion to loneliness, and social or moral pressure to maintain the relationship (Stanley, Rhoades & Markman, 2006). They christened this phenomenon “sliding versus deciding.” Around two thirds of couples “slide” into cohabitation rather than discussing and making an intentional decision around commitment with their partner (Stanley et al., 2011).

### **Dynamics in Cohabiting Couples**

While the above theories look at outcomes of cohabitation on average, such generalized research may overlook important distinctions among cohabiting couples that impact their reasons for cohabiting, the timing of this decision, and its effects on their relationship.

### **Reasons for Cohabiting**

First, a couple’s reasoning behind cohabitation is salient. Rhoades et al. (2009) identified primary reasons for cohabitation: to test the relationship out for marriage, to benefit from conveniences such as economic savings, and to spend more time together. Cohabiting to spend time together is associated with higher relational commitment and satisfaction than cohabiting to test the relationship or for convenience (Tang et al., 2014).

### **Timing of Cohabitation**

In addition, when in the relationship timeline the couple decides to cohabit may make a difference, particularly whether pre- or post-engagement. Although Kline et al. (2004) did not find a significant difference in likelihood of separation between cohabiting couples who moved in before or after becoming engaged, they did find lower rates of effective communication, relationship quality, and confidence among couples who cohabited prior to becoming engaged (as cited in Rhoades et al., 2009). Willoughby and Belt (2016) also found engagement status to moderate some of the effects of cohabitation on partners' disagreements about the relationship.

### **Previous Cohabitations**

The number of previous cohabitation partners also appears to matter for relationship longevity. According to Teachman (2003), cohabiting with multiple partners before marriage is a risk factor for divorce. Similarly, Hohmann-Marriott (2006) noted that couples in which one or both partners cohabited with someone else before the current partner are 72% more likely to dissolve their union than couples who never cohabited or only cohabited with their current partner. With this factor of prior cohabitations controlled, Hohmann-Marriott stated that married couples who cohabited only with each other are no more at risk for separation or divorce than married couples who did not cohabit. Of note, cohabiting couples are more likely than married couples to have had previous marriages and/or children from previous relationships. Thus, coparenting, stepparenting, and navigating conversations around previous relationships may be a focus of treatment for cohabiting couples seeking therapy.

Multiple cohabitations may also exist with the same partner. Within cohabiting relationships, breaking up and reestablishing the relationship is associated with greater risk of permanent dissolution (Vennum et al., 2014). Approximately one third of cohabiting couples have experienced this cycling within their relationship, and only 10% of previously cohabiting, separated couples restore the relationship within four years (Vennum et al., 2014). These risk factors should be considered when providing care to cohabiting couples.

### **Level of Commitment**

Perhaps a uniting factor for interpreting these differences between cohabiting couples is their level of commitment. Manning & Cohen (2012) argued that differences in long-term outcomes were less dependent on whether couples were married or cohabiting and more on their commitment level prior to cohabiting. Similarly,

Stanley, Rhoades, and Markman (2006) drew from attachment theory to emphasize how formalized relationship security and stability impact individual security and satisfaction in the relationship. Stanley et al. (2011) described how insecurely attached individuals might be uniquely drawn to cohabitation—for anxious individuals, as a way of remaining close without risking altering the relationship by pushing for defined commitment, and for avoidant individuals, as a way of enjoying the benefits of a relationship without having to make a long-term commitment. Perhaps a couple's reasons for moving in together, timing of the decision, and number of previous relationships provides some information on their level of commitment.

At the same time, it is important to recognize that cohabiting relationships are, on average, less stable and committed than marriages. According to Goodwin et al. (2010), over three quarters of marriages but only one third of cohabitations lasted at least five years (although this is partly due to some cohabiting couples getting married). Regarding fidelity, Maddox Shaw et al. (2013) found that, for unmarried dating couples, cohabitation status was not a predictor of the likelihood of extradyadic sex (“cheating”); in other words, moving in together does not necessarily signal commitment in terms of exclusivity.

By contrast, regarding those cohabiting couples presenting for therapy, Shannon and Bartle-Harring (2017) predicted that cohabiting couples would be more committed than married couples who present for therapy. They based this reasoning on social exchange and cognitive dissonance theories, hypothesizing that cohabiting couples had fewer social constraints keeping them together, so their desire to work on the relationship must be more intrinsic. Shannon and Bartle-Harring found that cohabiting couples presented for therapy earlier in their relationship and reported higher levels of satisfaction but no difference in commitment compared to married couples presenting for therapy. (This study was conducted primarily with young, White, heterosexual couples and may or may not generalize to other populations.) The authors concluded, “Without the institutionalized rules of marriage, cohabiting couples may perceive threats to their relationship earlier than married couples” (p. 115).

### **Presence of Children**

Regarding commitment, children often stabilize a relationship, but the timing of childbirth appears to matter for cohabiting couples. Manning (2004) found that conceiving a child during cohabitation was associated with greater odds of the couple staying together compared to not having children, but only if the couple married before

the child was born. Interestingly, Rhoades et al. (2010) found that shared practical contracts (e.g., phone network, apartment, and gym membership) were more predictive of longevity in a cohabiting relationship than shared children. Further discussion around commitment assessment and daily life logistics in couple therapy appears in the clinical recommendations section below.

### **Diversity Considerations**

While the above dynamics of a couple's relationship and decision-making process certainly impact the nature of their cohabitation, other identity factors may also play a role. Overall, research on the interaction between multiple identity and contextual variables on cohabitation dynamics is limited and much needed (Rhoades et al., 2009). However, a few themes emerge from the literature.

#### **Gender**

Expectations in an ambiguous relationship appear to differ by gender (Stanley, Rhoades, & Markman, 2006). Cohabiting men are more hesitant to marry than cohabiting women, particularly in couples without children, while women may especially benefit from the protection of formalized commitment, especially when raising children (Reneflot, 2006; Stanley, Rhoades, & Markman, 2006). Men who cohabit prior to marriage may be less committed to the relationship compared with men who do not cohabit (Rhoades et al., 2009; Stanley et al., 2004) and compared with their wives (Rhoades et al., 2006). This "gender asymmetry" persisted into early marriage (Rhoades et al., 2006), with interpartner differences in dedication to the relationship associated with lower relationship quality (Rhoades et al., 2012). Among couples presenting for therapy, Shannon and Bartle-Harring (2017) found that men reported higher levels of self-differentiation (defined by Bowenian theory) and of relationship satisfaction than did women, although this was true of both married and cohabiting couples. Thus, cohabiting male and female partners may assign differing importance to independence and commitment.

#### **Socioeconomic Status and Education**

Cohabitation might also hold different meaning across socioeconomic status (SES), perhaps because financial barriers rather than commitment issues may preclude individuals of low SES from marrying (Stanley, 2017). Goodwin et al. (2010) reported that couples with no high school diploma were most likely to be cohabiting, while couples who had completed college were most likely to be married. Lichter and Qian (2008) found cohabiting



couples with low SES were also more likely to be “serial cohabitators,” particularly for female partners (p. 874). Perhaps these individuals encounter extrarelational challenges to stability currently underexplored in the research. Moreover, the rich appear to get richer. Stanley, Amato, et al. (2006) found that couples with higher levels of education seemed to benefit more from premarital education in terms of preventing divorce. SES and related cultural expectations must be considered when exploring a couple’s decision to cohabit, marry, separate, or divorce.

### **Sexual Orientation**

Most of the research on both couple therapy and cohabitation dynamics has been conducted with heterosexual couples. Kurdek (2004) compared gay and lesbian cohabiting couples to heterosexual married couples on domains such as psychological adjustment, personality traits, relationship styles, conflict resolution, and social support. Kurdek concluded that the two groups were generally similar, though on variables in which differences did exist, gay and lesbian couples generally reported functioning better. One of the notable differences that arose from the groups was related to social support; heterosexual couples garner more support from family, while gay and lesbian couples find support in social circles (Kurdek, 2004). Helping couples explore sources of support and wisdom for their relationship may be an especial priority for therapists working with gay and lesbian cohabiting couples.

### **Race and Ethnicity**

Unfortunately, few studies have explicitly addressed racial and ethnic diversity among cohabiting couples. National data indicates that Black men and women are less likely than other ethnicities to have married but equally likely to have cohabited (Goodwin et al., 2010). Regarding childbearing in cohabitation, findings by Anyawie & Manning (2019) suggest that Black women may be more likely than White women to have or want to have children in a cohabiting partnership (as indexed by rates of contraceptive use). Likelihood of marriage between conception and birth for cohabiting women also differed by race in Manning’s (2004) study, with 15% of Black, 27% of Latina, and 48% of White women marrying before giving birth. Kuperberg (2017) also found that cohabiting women of color were more likely to have long-term cohabitations before marriage than cohabiting White women. As with other diversity variables, the meaning of cohabitation may differ for individuals of different ethnicities, and

cultural humility is an ethical mandate in exploring rather than assuming a couple's vision and concerns for the relationship. As many studies have been conducted with predominantly White participants, more research is needed to explore values around and experiences within cohabitating relationships with minority ethnic group participants from an emic perspective.

### **Homogamy**

Lastly, regarding intra-couple diversity, Blackwell and Lichter (2004) investigated the “winnowing hypothesis” of mate selection—that couples become increasingly homogamous (similar to one another in race, religion, etc.) at increasing levels of commitment. That is, married couples are hypothesized to be more homogamous than cohabiting couples, and cohabiting couples more than sexually-intimate dating couples. This hypothesis held somewhat true, as racial and religious homogamy increased slightly from dating to cohabiting to married couples, but overall, couples were quite homogamous in all forms of intimate relationships (Blackwell & Lichter, 2004).

### **Clinical Recommendations**

In light of the findings discussed above and the diversity between cohabiting couples, recommendations for clinical work include thorough assessment, psychoeducation, facilitation of difficult conversations, and empathy building.

### **Assessment**

Given the diversity in relationship goals, client factors, and reasons for cohabiting, thorough assessment at the beginning of treatment is needed. Rhoades et al. (2009) recommended assessment of commitment (e.g., Stanley & Markman's [1992] *Commitment Inventory*) and motivations for cohabitation (e.g., Rhoades, Stanley, and Markman's [2009] *Reasons for Cohabitation Scale*). When assessing level of commitment, Stanley's (2017) identified components of commitment offer guidance: envisioning a future together, willingness to sacrifice for each other, a sense of team identity as a couple, value for the relationship, and willingness to forgo other options. Individual sessions may be a beneficial step in such an assessment process (Rhoades et al., 2009).

Regarding assessment for treatment planning, Shannon and Bartle-Harring (2017) emphasized the importance of understanding why a couple is seeking therapy, as well as identifying and encouraging the habits that

are already working for the couple. For example, with cohabiting clients, a therapist ought to distinguish whether the couple wishes to use therapy to make a decision about the future of the relationship, to work on a problematic aspect of the relationship (e.g., sexual intimacy, conflict resolution), or to facilitate the transition of the relationship toward dissolution or marriage. Rhoades et al. (2009) noted that assessment and discussion of commitment levels may also be necessary for married couples who cohabited particularly if they “slid” into the decision. These couples might benefit from an opportunity to formally “decide” and express or renew their commitment to one another.

### **Psychoeducation**

Following comprehensive assessment of the couple’s wishes and needs, psychoeducation can equip couples to make informed decisions. Rhoades et al. (2009) argued that education on couple dynamics can be effective even for individuals who are not yet in relationships, to help clients think through their values, motivations, and situational factors impacting a potential relationship and cohabitation. In particular, Rhoades et al. (2009) advocated for discussions around expectations of commitment and the timeline of the relationship, communication skills, and how to approach having children and coparenting. The authors noted that these skills, regardless of whether the couple stays together, will be valuable in translating to deciding on rather than sliding into other life transitions.

Regarding formal psychoeducation, research on premarital education programs indicate that they are generally considered effective, associated with improved satisfaction and commitment and with reduced conflict and violence, especially for young couples (Stanley, Amato, et al., 2006). Fawcett et al.’s (2010) meta-analysis found mixed results, though, with published studies reflecting more significant effects than unpublished studies and programs yielding more impact on communication skills than overall relationship quality. Noting that couples in religious settings are more likely to receive premarital education, Stanley et al. (2004) encouraged therapists to consider offering non-religious premarital education programs for couples. Moreover, Rhoades et al. (2009) advised religious counselors to include data from social science (and not just religious rationale) in providing education about the risks and costs of cohabitation.

Taking an approach that is “informative but not proscriptive” (Rhoades et al., 2009), clinicians should abstain from advising couples whether to marry, continue to cohabit, or separate. Rather, the clinician’s role is to

facilitate individual and dyadic exploration of values, goals, and relationship health and quality. Specifically, Rhoades et al. (2009) offered the following questions for initial information gathering:

1. What does/did living together mean to you and mean for the future of your relationship?
2. How did the two of you begin living together? Was it planned, talked about, or something that just sort of happened?
3. Where do you see this relationship going in the future? What sort of timeline do you expect?
4. How do you each show you are committed to the other?
5. Do you believe that one of you is more committed than the other? What indicates to you that there is a difference? How will this affect how your future together plays out?
6. How have the two of you made important decisions together in the past?

(p. 103, Table 1)

Such exploratory questions can be used alongside provision of information regarding potential implications of cohabitation, with an understanding of intercouple diversity.

### **Facilitating Divisive Conversations**

Following this education and exploration, couples will need assistance in facilitating potentially vulnerable conversations regarding their current functioning and future plans.

### ***Household Labor***

For both married and cohabiting couples, shared household labor may be a significant topic of discussion at home and in therapy. Gender role, employment, and cohabitation trends in the United States have led to changing expectations of division of domestic labor for both men and women, but a significant discrepancy remains between expectation and reality. In Maher and Singleton's (2003) study, both genders reported attention to domestic tasks, but when weekly duties were described, women carried more of the load, including the mental load. When interviewed, these women indicated concern about how this imbalance appeared and what it meant about their partnership. Many of the women interviewed perceived unfairness and dissonance from their values but felt unable to voice their concerns (Maher & Singleton, 2003). Of note, there was no marital comparison group, so similar concerns may be present among married couples. However, conversation about expectations and perceptions of

shared chores may be of special priority in therapy with cohabiting couples, as these couples are more likely to end a relationship based on disagreements such as how to share household labor than are married couples (Hohmann-Marriott, 2006).

### ***Marriage***

Unsurprisingly, the decision whether and when to marry is a pressing matter for many (though not all) cohabiting couples seeking therapy. Unity in the decision to marry is an important influence on partners' wellbeing. Willoughby and Belt (2016) found if even one cohabiting partner ascribed less value on or imagined a later timeline for marriage, this was associated with lower relationship satisfaction, stability, and communication in both partners. Dush and Amato (2006) similarly reported that formalized stability of a relationship was associated with greater subjective well-being: Married couples reported higher well-being than cohabiting couples, and cohabiting couples reported higher well-being than committed dating couples. Moreover, when couples shifted status from cohabiting to married, subjective well-being improved. Happiness in the relationship, of course, also mattered for subjective well-being (Dush & Amato, 2006). Moving a relationship toward marriage also tends to improve the stability—though not necessarily the quality—of a partnership, even in couples who demonstrate premarital “cycling” in their relationship status (Vennum et al., 2014). While these conversations ought to be approached with care and respect for client autonomy, this data may inform psychoeducational activities with cohabiting couples around marital decisions.

Observing a gender difference in desire to marry or continue cohabitation, Reneflot (2006) highlighted four themes of decision-related arguments between partners: quality of the current relationship, anticipated change in quality post-marriage, wedding burden, and social pressure. Specifically, partners will be less inclined to marry if they believe they will be able to find a better partner, although marriage (and childbearing) may be sought as a means of securing exclusivity with one's partner (Reneflot, 2006). If couples perceive that marriage will improve their happiness (e.g., through security or economic gain), they are more likely to marry than if they perceive loss (e.g., of emotional or economic independence, passionate love, or gender equity). Women are more likely than men to worry about the costs and logistics of a wedding, although considering the event also brings more positive feelings than it does for men (Reneflot, 2006). Lastly, Reneflot noted that expectations from friends and family may

pressure couples toward marriage, particularly for couples with children. Each of these factors could be explored through couple or individual therapy with cohabiting partners considering marriage.

### **Empathy Building**

Finally, as in all couple therapy, deepening partners' empathy for one another is a worthwhile clinical goal. Ulloa et al. (2017) examined the association between empathy and relationship quality in cohabiting couples. For men, higher empathy was associated with greater perceived relationship quality. This was true for women too, but higher empathy in women was also associated with higher perceived relationship quality for their partner. Ulloa et al.'s results contrasted with previous research with married couples indicating that men's empathy mattered more for relationship quality than women's. The authors concluded that, for cohabiting couples, and particularly for men, perceiving empathy in one's partner may be just as important as holding empathy in oneself. Clinicians might gear their work on communication skills and expressions of love and affection around helping partners recognize the empathy the other is experiencing. Ulloa et al. (2017) pointed to psychoeducational, emotion-focused, and mindfulness strategies for facilitating greater attention to dyadic empathy.

### **Conclusion**

In conclusion, cohabiting couples present for therapy with many overlapping concerns as married couples, such as communication, conflict, child rearing, and division of household labor. But they also represent a distinct clinical population, often (but not always) expressing lower commitment levels compared to their married counterparts. Outcomes for cohabiting couples may depend on their reasons for cohabiting, timing of cohabitation, and number of previous partners. Based on diversity in gender, SES, education level, race, ethnicity, sexual orientation, and individual differences between partners, these couples might assign different meanings to their relationships and cohabitation decisions. Thus, thorough assessment of a couple's goals and values should precede treatment planning. In therapy settings, cohabiting couples can benefit from the opportunity to learn about relationships, themselves, and their partners, to facilitate difficult conversations about their future as a couple, and to build empathy within their partnership.

## Framework

It is important to recognize the general framework of treating cohabiting couples within HOPE. One of the biggest factors that will affect overall treatment of these couples is the “phasing” of treatment. That is, before executing traditional HOPE interventions, the clinician should collaborate with the couple to evaluate their commitment, engagement, and vision of their relationship as a whole. It is likely to be a positive sign if they are actually coming into couples therapy. Now, let’s talk about what can happen in that first phase.

During the first phase, it is important for any clinician(s) to consider their assessment of the couple. Where is their commitment level? What are they looking out of couples therapy? Where are their expectations at? These questions are vital, just like with any couple, in proper treatment planning. This initial phase is really the big difference in comparison to a traditional HOPE treatment plan. We will discuss some modified versions of HOPE interventions that can be quite helpful in assessing where these couples may be in their relationship and overall treatment prognosis in the next section. This is what should be taken away from this protocol: when treating cohabiting couples, there are several couple factors, both cultural and general treatment elements, that should be considered. This will be done in the following sections.

## Modified Interventions

### **Modified Pool Question**

One of the best initial assessment tools is the use of great questions. One of the best information-gathering questions is the pool question. For those of you that don't know, the pool question is used to gather information about potential commitment and even factors that could play into treatment planning themes. Someone would introduce it by saying something along the line of "If your relationship was a pool, where would you be? Maybe in the deep end? The kiddie pool? Outside the gate? On the side of the deep end? Maybe even in the car outside of the pool." You would be surprised at how creative couples will get with the metaphor and how useful their responses can be in the initial phase. When modifying for cohabiting couples, a clinician could emphasize the commitment aspect as a possibility, establishing how clear the couple is on the direction or trajectory of their relationship.

### **Modified Vision Statement**

Vision statement is a great intervention that can be used at different phases of treatment. Traditionally, a vision statement can work as an intervention where couples can work together to reimagine the direction and image of what their relationship can be. A similar intervention can be executed with cohabiting couples. However, when modifying it, it can be extremely useful in assessing the couple's expectations of where their relationship will go. Maybe they don't believe in marriage, maybe they see each other as long term but never getting to any further level, maybe they're comfortable where they're at, or maybe they want to make a decision of whether or not to continue. Clinicians can introduce this intervention by saying something along the lines of "Here in couple's therapy, one thing we like to get an idea of is where you guys are at. Keeping that in mind, I wanna take a minute and talk about where you see each other in a couple of years." This is important. Notice that in the example, I didn't say where your relationship is in a couple of years. We want to be sensitive to the reality that they may still be contemplating if it will even be a thing, so we don't want to come off as assuming in the situation.

### **Initial Assessment of Couples**

As previously mentioned, the questions we ask are crucial in initial assessment. From the literature review conducted for this protocol, there were quite a few helpful questions gathered. Rhoades et al. (2009) offered the following questions for initial information gathering:



1. What does/did living together mean to you and mean for the future of your relationship?
2. How did the two of you begin living together? Was it planned, talked about, or something that just sort of happened?
3. Where do you see this relationship going in the future? What sort of timeline do you expect?
4. How do you each show you are committed to the other?
5. Do you believe that one of you is more committed than the other? What indicates to you that there is a difference? How will this affect how your future together plays out?
6. How have the two of you made important decisions together in the past?

(p. 103, Table 1).

See page 12 of the literature review for further discussion of assessing cohabiting couples.

### **HOPE Interventions**

HOPE interventions that would be beneficial in facilitating dialogue between the couple include Time Out and Simple Listen and Repeat.

### Treatment Considerations

#### **Considerations about the “type” of cohabiting couple you are working with**

The sections below further explore the impact of commitment level and other couple dynamics, but in sum, cohabiting couples can be broadly categorized as follows:

1. Early-in-the-relationship, minimally committed couples: These couples may have moved in together for various reasons ranging from financial (e.g., just needed a roommate) to convenience (e.g., to spend more time together). These couples may have minimal or uncertain commitment to being together long-term and are likely to require significant time in therapy to explore their values and level of compatibility. Assessing congruence between partners in values and long-term plans will be a key component of therapy, as one partner may be significantly more committed (often the partner initiating therapy) than the other.
2. In-between, in-decision, moderately committed couples: These couples are much more than minimally committed, but they may not be certain of their long-term future together. They might even be seeking

therapy to help them decide whether to move toward marriage or to break up. Depending on the couple's dynamic and presenting goals, work with these couples may feel like premarital work (i.e., primarily enrichment-focused and planning for the future) or more intense conflict management and repair (e.g., when constraints of the cohabitation maintain a potentially unhealthy, unsatisfactory relationship). These couples can benefit from psychoeducational and exploratory interventions (e.g., about the nature of relationships, expectations about commitment, and each partner's needs within the dyad), as well as from more traditional couple therapy interventions (e.g., communication skills, building bonds, and restoring trust).

3. Committed, long term couples: For various reasons, these couples may or may not be considering marriage, but they already behave as married couples. That is, they have made the decision to commit to a long-term relationship and are making life decisions together. When they present for therapy, they may be facing similar challenges to married couples who present for therapy. Therefore, outside additional assessment, clinicians can generally treat these couples in a similar way to married couples.

### **Considerations about commitment**

As previously noted, overview of the current literature and interviews suggest that commitment is tied to greater success and satisfaction in long-term relationships. It may be beneficial for clinicians to consider asking the couple about the commitment directly, or through the use of assessments such as the *Commitment Inventory* (Stanley & Markman, 1992). See page 8 in the literature review for further discussion of commitment in cohabiting couples.

### **Considerations about one-on-one time**

Just like with any other couple, one-on-one time with the clinician(s) can be extremely beneficial. This kind of time in intake or other events could be avenues to utilize when exploring commitment levels of each partner, exploring past history and potential red flags, whether they are comfortable sharing sensitive information with one another, and understanding any concerns or barriers to commitment. It is likely very important to **have some one-on-one time** with any couples that is minimally or moderately committed (see categories above).

### **Considerations about important conversation topics**

Cohabiting couples have their own set of unique questions and conversations topics that clinicians should consider. It is important for the clinician(s) to consider their role in facilitating these potentially divisive topics.

Some of these topics include the following:

- a. How did they decide to cohabit?
  - i. Intentional decision made
  - ii. Sliding/Convenience
  - iii. Feel trapped
- b. Home responsibilities - agreeing on who does what - exploring expectations on expectations between partner roles in committed relationships
- c. Personal values of work
- d. Personality differences (can be helpful, but every couple has personality differences to work through so just to be aware, not to say what is right/wrong)
- e. Desire for family/children - any family/children from former relationships
- f. Religion
  - i. Is religion important to either partner
  - ii. Is it important to raise kids in church
  - iii. Is it important to attend church together
  - iv. Headship/submission expectations
  - v. Do you want to pray together
  - vi. Spiritual leadership expectations
  - vii. What are the religious beliefs, if any, about the roles of husband and wives in the family?
- g. Decision making - who is responsible for final say in decisions? one person? team/partnership?
  - i. Finances
  - ii. Childcare
  - iii. Large questions

See page 15 in the literature review for further discussion on facilitating difficult conversations with cohabiting couples.

### **Considerations about asymmetry**

It's important for clinicians to consider the symmetry and asymmetry of a couple. Asymmetry can be defined as when one partner has a different desire or expectation on commitment than the other. It will be important for the clinician(s) to encourage honesty in these conversations to help them share potential differences and explore if continuing in couples therapy would be productive for them. Asymmetry may be an opportunity to explore differentiation in relationships (if this is a new concept, google it. Lots of therapists have written on the subject in online education).

### **Considerations about assessment**

The assessment of couples throughout treatment can be extremely beneficial. The use of measures such as the *Commitment Inventory* and the *Reasons for Cohabitation Scale* can assess components of commitment, a couple's goals, and their overall dynamics and cohabitation history. Refer to page 12 of the literature review for further details.

### **Considerations about psychoeducation**

With any couple, psychoeducation can be essential in informing the couple to new information that had never previously been considered. When exploring the current literature, themes arose revolving around common psychoeducation topics. Such topics include values, needs, meaning of the relationship, their decision-making process, and other major areas. please refer to page 13 of the literature review for more information.

### **Considerations about potential risk factors**

There are several potential risk factors that should be considered with any cohabiting couple. One includes constraints, such as leases, children, pets, and other things that are developed before dedication is determined, which can often make it more difficult for couples to end their relationship, even when the relationship is unhealthy or not what they envision for their future. Sometimes, cohabiting, unmarried couples are developmentally sandwiched. With dating, non-cohabiting couples, they often work through things such as how much time they want to spend with one another, how to handle friends, determining level of commitment, and family interactions. With married couples, they often work through how to handle finances, handling in-laws, children, and other things. With cohabiting couples, they may potentially be dealing with all of these at once, which can be very powerful and validating to acknowledge throughout the therapeutic experience.

## Diversity Considerations

### **Considerations about gender**

Review of the literature and interviews with clinicians suggest that gender differences can influence the couple. Such factors may include timeline expectations if marriage is an option, expectations for household labor, and meanings of commitment. It should be noted that cohabitation is often a greater risk for women rather than

men, with women tending to be more committed in cohabiting relationships. Again these are potential, not definite differences, and can be further explored on page 10 of the literature review.

### **Considerations about socioeconomic status (SES)**

Differences in SES can influence not only the interaction between the couple, but also the overall dynamics of their living. As such, special considerations should be considered such as how their SES status influences their overall resources and accessibility to their specific needs. Lower SES couples may have greater strains, which may cause couples to move in sooner, have children sooner, and develop constraints sooner, an issue that is often easier for couples of higher SES couples to navigate. If marriage is an option for the couple, the SES status could potentially be a barrier to marriage and other decisions within the relationship. See more information on page 10 of the literature review.

### **Considerations about sexual orientation**

Sexual orientation could also influence a couple. When considering these factors for a cohabiting couple, points of discussion may include potentially different expectations for “gendered” roles within cohabitation responsibilities, potential barriers to steps in the relationship such as marriage, and the nature of social support. More information can be obtained on page 11 of the literature review.

### **Considerations about race and ethnicity**

Within cohabiting couples, race and ethnicity can have a significant impact on the couple. For example, a particular culture’s values around cohabitation and marriage may impact the couple’s dynamics and decision-making. For example, if cohabitation is taboo, this could impact how the couple sees themselves in the relationship and as individuals, as well as how they envision future plans. More information can be found on page 11 of the literature review.

### **Considerations about religion and spirituality**

While no themes were gathered in the current literature, interviews with clinicians suggest that religion and spirituality can play a considerable role with cohabiting couples. Such considerations include whether cohabitation is congruent with any religious view of their, nature of support for the relationship, potential source of coping with stress and general bond, and whether their spiritual values align with one another.

### **Considerations about parental status**

Parental status can be quite complex with cohabiting couples. Not only can children impact the level of commitment, nature of the relationship, and overall shared tasks, but co-parenting can also be complicated by other factors, such as whether the children are from the current relationship or another relationship, previous marital status, and age of children. Please refer to page 9 of the literature review.

### **Other Considerations regarding diversity**

While not explored in the initial cycle of this document, other diversity factors to consider include intersectionality of diversity variables, degree of similarity and difference in demographics or identity between the couple and clinician(s), particularly around cohabitation values, and the degree of homogamy within the couple on diversity factors and their impact.

### **Understanding potential barriers to marriage**

There are a number of factors that influence a couple's decision to marry or not to marry. Some of these factors include legal restrictions (e.g., undocumented couples, sexuality), loss of accommodations/access to resources (e.g., losing aid from government if married), and choice. While some couples may seem married without the legal status, it is important to recognize and learn what the reasons are for that. It may also be beneficial to recognize that cohabitation creates additional constraints to leaving the relationship and to explore how these constraints can impact the individual partnership and dyadic dynamics. There may be several "successful" outcomes to therapy, whether marriage, continued cohabitation, or even ending the relationship. It is always important to learn and consider the unique needs and values of the couple in front of you.

## Sample Treatment Plan for Cohabiting Couples<sup>1</sup>

3/3/20	Intake On Your Own	Intake and Assessment Date Night
3/5/20	Extended Intake On Your Own	Individual Intake Times and Assessment Date Night
3/10/20	<b>No Session</b>	<b>Clinic Closed for Spring Break</b>
3/17/20	Session 1 On Your Own	Feedback Report; Introduction to Reflection Journal Reflection Journal
3/24/20	Session 2 On Your Own	Pool Question & Communication Rules Reflection journal & Communication Rules at home; Date night
3/31/20	Session 3 On Your Own	Modified Vision Statement & Introduction to Gratitude or prayer journal; Practice TANGO; Date night
4/7/20	Session 4 On Your Own <sup>2</sup>	Time-Out & Psychological Needs Sort Time-Out; Gratitude or prayer journal; Date night
4/14/20	Session 5 On Your Own	Family of Origins Continuation of gratitude journal; Date night
4/21/20	Session 6 On Your Own	Hurt Cycle Continuation of gratitude journal; Date night
4/27/20	Session 7 On Your Own	Hurt Cycle Continuation of gratitude journal; Date night
5/4/20	<b>No Session</b>	<b>Clinic Closed</b>
5/18/20	Session 8 On Your Own	REACH Forgiveness- addressing the recent pain & offenses Write Letters of Empathy (if able)
5/18/20	Session 9	REACH Forgiveness process Joshua Memorial
5/25/20	Session 10	Review and Termination

<sup>1</sup> Compared to the traditional HOPE treatment plan, this proposed cohabiting couple plan will include an initial phase of interventions that focus on discussion on the relationship itself and solidifying what “page” they are on. Possible interventions can include discussion of the relationship timeline, the pool question, and concluding with a modified vision statement. Homework can include a modified journal called a Reflection Journal to start probing for longer term thinking, depending on the couples’ mentality and level of insight.

<sup>2</sup> From here, clinicians can then transfer into more of the traditional HOPE treatment plan “flow.”

## Key Informants

*Interviews were completed with the following professionals in the field and treatment recommendations from conversations were included in the considerations listed above.*

**W. Bradford Wilcox, Ph.D.** - Dr. Wilcox is a senior fellow at the Institute for Family Studies, Director of the National Marriage Project at the University of Virginia, and a Visiting Scholar at the American Enterprise Institute. Dr. Wilcox conducts research on marriage, cohabitation, fatherhood, and the welfare of children. *(This biographical information comes from ifstudies.org)*

**Galena Rhoades, Ph.D.** - Dr. Rhoades is a Research Associate Professor in the Psychology Department at the University of Denver. Her research is on romantic relationship development and functioning, and the related implications for children and adults. Her research projects and collaborations include 1) basic science studies on commitment, cohabitation, aggression, infidelity, family background, relationship processes and psychopathology, military families, and adolescent and child adjustment as well as 2) studies on the effectiveness of preventive relationship interventions for couples and individuals (including gene-environment interactions). She is currently working as a PI, Co-I, evaluator or consultant on several foundation or federally-funded projects. She also has a private practice in which she specializes in couples and families. *(This biographical information comes from du.edu)*

**Scott Stanley, Ph.D.** - Dr. Stanley is a research professor and co-director of the Center for Marital and Family Studies at the University of Denver. He has published widely with research interests including commitment, cohabitation, communication, conflict, risk factors for divorce, the prevention of marital distress, and couple development before marriage. He is a founder of PREP and co-author of the Within Our Reach, an experiential-based curriculum for couples, and the Within My Reach, an experiential-based curriculum for individuals. *(This biographical information comes from du.edu)*



**Heather Poma, Psy.D.** - Dr. Poma is a licensed psychologist and an independent licensed marriage and family therapist. She earned a master's and doctorate in Clinical Psychology from Regent University in Virginia Beach, Virginia, where she specialized in marriage and family work and became heavily involved with the MMATE Center's Hope-Focused couples' therapy project. This remains her primary orientation toward couples' therapy. Dr. Poma provides individual therapy, couples and/or marital therapy, family therapy, therapy to address sexual concerns, and Christian counseling (as well as therapy with other highly religious individuals). *(This biographical information comes from apexpsychcare.com)*

**Jessica McCleese, Psy.D.** - Dr. McCleese is a licensed psychologist and sexual educator with specialized training in sex therapy through the Christian Association of Sexual Educators, and a psychologist at an outpatient practice in Virginia Beach. Jessica works with Christian couples looking to improve their marriages and their sex lives using biblically-based principles. *(This biographical information comes from familylifecanada.com)*

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## Appendix: Reasons for Cohabitation Scale

Please answer the following questions regarding your relationship with your partner.

### I first moved in with my partner.....

1.) because we were already committed as a couple and didn't need to prove it with a marriage.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

2.) because we were ready for the commitment of living together, but didn't feel the need to get married.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

3.) so that we could have more daily intimacy and sharing.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

4.) because we got engaged.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

5.) because we didn't have enough money to get married.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

6.) because my lease was up.

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Strongly  
Disagree

Neither  
Agree nor  
Disagree

Strongly  
Agree

7.) because I knew I wanted to spend the rest of my life with him/her.

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

8.) because we were too young to get married.

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

9.) because I wanted to make sure we were compatible before deciding about marriage.

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

10.) because we were pregnant (skip if not pregnant).

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

11.) because I had concerns about whether I wanted to be with my partner long-term.

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

12.) because many of our friends were living together.

1  
Strongly  
Disagree

2

3

4  
Neither  
Agree nor  
Disagree

5

6

7  
Strongly  
Agree

13.) to share household expenses.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

14.) because it's the only way we would know if we were/are ready to get married.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

15.) because we didn't need a wedding to prove we were committed to one another.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

16.) to get to know him/her better before deciding about marriage.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

17.) because our families supported the idea.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

18.) because we spent most nights together anyway.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

19.) because I could not afford rent on my own.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

20.) because with the costs of having and raising a baby it made sense (skip if no children).



1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

21.) because it was inconvenient to have some of my stuff at my place and some at my partner's.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

22.) because I wanted to know more about what my partner does when I am not around.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

23.) because I wanted to spend more time with him/her.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

24.) because we both wanted to live with the baby (skip if no children).

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

25.) because it was convenient.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

26.) because neither of us felt the need/ or planned to ever get married.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

27.) because it made sense financially.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

28.) because neither of us wanted to care for the baby alone (skip if no children).

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

29.) because I wanted to make sure we both contribute to running the household.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

30.) to improve our sex life together.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

31.) because no religious beliefs hindered my decision to live with my partner.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

32.) because we want to have a/ another baby.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

33.) because I thought it would bring us closer together.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

34.) because we didn't have enough time together when we lived in separate places.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

35.) because I didn't want to get divorced in the future.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

36.) because I had doubts about us making it for the long haul.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

37.) because we were going to get married.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

38.) because if I lived with my partner it would be easier to check up on him/her.

1	2	3	4	5	6	7
Strongly Disagree			Neither Agree nor Disagree			Strongly Agree

THE COMMITMENT INVENTORY (Long Version)

Constraint Commitment Items

Except when a spouse dies, marriage should be a once-in-a-lifetime commitment (+, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
People should feel free to end a marriage as long as the children are not going to be hurt (-, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Divorce is wrong (+, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
If a couple works hard at making their marriage work but find themselves incompatible, divorce is the best thing they can do (-, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
It is all right for a couple to get a divorce if their marriage is not working out (-, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
A marriage is a sacred bond between two people which should not be broken (+, MOD).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
It would be very difficult to find a new partner (+, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I would have trouble finding a suitable partner if this relationship ended (+, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
If for any reason my relationship ended, I could find another partner (-, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I believe there are many people who would be happy with me as their spouse or partner (-, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Though it might take awhile, I could find another desirable partner if I wanted or needed to (-, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I am not very attractive to the opposite sex (+, AOP).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My friends would not mind it if my partner and I broke up (or divorced) (-, SP)	1 Strongly disagree	2	3	4 Neither agree nor	5	6	7 Strongly agree

				disagree			
My family would not care either way if this relationship ended(-, SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
It would be difficult for my friends to accept it if I ended the relationship with my partner (+, SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My friends want to see my relationship with my partner continue (+, SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My family really wants this relationship to work (+, SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My family would not care if I ended this relationship (-, SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
This relationship has cost me very little in terms of physical, tangible resources (-, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I have not spent much money on my partner (-, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I would lose money, or feel like money had been wasted, if my partner and I broke up (divorced) (+, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I would lose valuable possessions if I left my partner (+, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I have put a number of tangible, valuable resources into this relationship (+, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I have put very little money into this relationship (-, SI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree

#### Dedication Commitment Items

I may decide that I want to end this relationship at some point in the future (-, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I want this relationship to stay strong no matter what rough times we may encounter (+, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree

I want to grow old with my partner (+, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My relationship with my partner is clearly part of my future life plans (+, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I may not want to be with my partner a few years from now (-, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I do not have life-long plans for this relationship (-, RA).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I don't make commitments unless I believe I will keep them (+, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I do not feel compelled to keep all of the commitments that I make (-, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I have trouble making commitments because I do not want to close off alternatives(-, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I try hard to follow through on all of my commitments (+, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Fairly often I make commitments to people or things that I do not follow through on (-, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Following through on commitments is an essential part of who I am (+, MC).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I want to keep the plans for my life somewhat separate from my partner's plans for life (-, CI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I am willing to have or develop a strong sense of an identity as a couple with my partner (+, CI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I tend to think about how things affect "us" as a couple more than how things affect "me" as an individual (+, CI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her" (+, CI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I am more comfortable thinking in	1	2	3	4	5	6	7

terms of "my" things than "our" things (-, CI).	Strongly disagree			Neither agree nor disagree			Strongly agree
I do not want to have a strong identity as a couple with my partner (-, CI).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My relationship with my partner comes before my relationships with my friends (+, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My career (or job, studies, homemaking, child-rearing, etc.) is more important to me than my relationship with my partner (-, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
When push comes to shove, my relationship with my partner often must take a backseat to other interests of mine (-, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
When the pressure is really on and I must choose, my partner's happiness is not as important to me as are other things in my life (-, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
My relationship with my partner is more important to me than almost anything else in my life (+, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
When push comes to shove, my relationship with my partner comes first (+, POR).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
It can be personally fulfilling to give up something for my partner (+, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I do not get much fulfillment out of sacrificing for my partner(-, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I get satisfaction out of doing things for my partner, even if it means I miss out on something I want for myself (+, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I am not the kind of person that finds satisfaction in putting aside my interests for the sake of my relationship with my partner (-, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
It makes me feel good to sacrifice for my partner (+, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Giving something up for my partner is frequently not worth the trouble (-, SWS).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I know people of the opposite sex whom I desire more than my partner (-,	1 Strongly	2	3	4 Neither	5	6	7 Strongly

AM).	disagree			agree nor disagree			agree
I am not seriously attracted to people of the opposite sex other than my partner (+, AM).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I am not seriously attracted to anyone other than my partner (+, AM).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
Though I would not want to end the relationship with my partner, I would like to have a romantic /sexual relationship with someone other than my partner (-, AM).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I do not often find myself thinking about what it would be like to be in a relationship with someone else (+, AM).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
I think a lot about what it would be like to be married to (or dating) someone other than my partner (-, AM).	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree

Note on Scoring Commitment Inventory : All items above are answered on seven-point Likert scale with "1" anchored "strongly disagree," "4" anchored "neither agree nor disagree," and "7" anchored "strongly agree." Items with a minus sign are reverse scored, all items are scaled so that higher scores reflect higher degree of commitment according to theory. Not all subscales need to be used together, but all the items for subscales that are used should be mixed in a random order rather than giving all items of one subscale in sequence.

This construct is explained in this article:

<https://app.box.com/s/kya8luzle7mq67amq6j4u84y9jhzkztj>

MOD= Morality of Divorce  
AOP= Availability of Partners  
SP= Social Pressures  
SI= Structural Investment  
RA= Relationship Agenda  
MC= Meta-commitment  
CI= Couple Identity  
POR= Primacy of Relationship  
SWS= Satisfaction with Sacrifice  
AM= Alternative Monitoring



Revised Commitment Inventory

1. My friends would not mind if my partner and I broke up. (SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
2. If we ended this relationship, I would feel fine about my financial status. (F)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
3. The steps I would need to take to end this relationship would require a great deal of time and effort. (T)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
4. I could not bear the pain it would cause my partner to leave him/her even if I really wanted to. (CPW)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
5. It would be difficult for my friends to accept it if I ended the relationship with my partner. (SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
6. It would be relatively easy to take the steps needed to end this relationship. (T)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
7. I would not have trouble supporting myself should this relationship end. (F)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
8. My family really wants this relationship to work. (SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
9. I would have trouble finding a suitable partner if this relationship ended. (AS)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
10. I believe there are many people who would be happy with me as their spouse or partner. (A)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
11. I have put a number of tangible, valuable resources into this relationship. (I)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
12. Though it might take awhile, I could find another desirable partner if I wanted or needed to. (A)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
13. I would not have any problem with meeting my basic financial needs for food, shelter, and clothing without my partner. (F)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
14. I have put very little money into this relationship. (I)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree

15. The process of ending this relationship would require many difficult steps. (T)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
16. If I really felt I had to leave this relationship, I would not be slowed down by concerns for how well my partner would do without me. (CPW)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
17. My family would not care if I ended this relationship. (SP)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
18. My relationship with my partner is more important to me than almost anything in my life. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
19. I want this relationship to stay strong no matter what rough times we encounter. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
20. I like to think of my partner and me more in terms of "us" and "we" than "me" and "him/her." (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
21. I think a lot about what it would be like to be married to (or dating) someone other than my partner. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
22. My relationship with my partner is clearly part of my future life plans. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
23. My career (or job, studies, homemaking, childrearing, etc.) is more important to me than my relationship with my partner. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
24. I do not want to have a strong identity as a couple with my partner. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree
25. I may not want to be with my partner a few years from now. (D)	1 Strongly disagree	2	3	4 Neither agree nor disagree	5	6	7 Strongly agree

Notes. CPW = Concern for Partner's Welfare; F = Financial Alternatives; T = Termination Procedures; I = Structural Investments; A = Availability of Other Partners; D= Dedication

### Termination Procedures

If for some reason you and your partner were to decide right now to end your relationship (break up or divorce), there are a number of specific actions which you would have to take in order to do that. You will find below a list of some such short-term immediate actions, and we would like you to indicate how difficult you think each of these actions would be for you. Answer by writing a number corresponding to the answers below next to each of the actions on the list.

0-Would not have to do it

1. Very easy
2. Somewhat easy
3. Indifferent
4. Somewhat difficult
5. Very difficult

	Write in the Number
<i>a. Simply tell my partner</i>	
<i>b. Talk over the decision with him / her and provide an explanation</i>	
<i>c. Explain my reasons to my friends</i>	
<i>d. Explain my reasons to my parents</i>	
<i>e. Explain my reasons to my partner's parents</i>	
<i>f. Search for a new place to live</i>	
<i>g. Move my things somewhere else</i>	
<i>h. Help my partner move</i>	
<i>i. Sell our house</i>	
<i>j. Decide how to split up joint possessions</i>	
<i>k. Search for a new roommate / housemate</i>	
<i>l. Find a job</i>	
<i>m. Get a divorce</i>	
<i>n. Settle custody of the children</i>	
<i>o. Other (please explain)</i>	

*Unattractiveness of Alternatives*

In addition to the specific steps you would have to take if you were to end your relationship, there are probably some other changes that would come about if you and your partner decided to end your relationship. We're referring here to relatively long-term changes in your daily life or plans for the future. We'd like you to indicate how you would feel about each of the changes listed below, by writing the appropriate number in the blank space in front of it.

0-Probably wouldn't change  
1- I'd be very happy  
2- I'd be somewhat happy

3- I'd be indifferent  
4-I'd be somewhat unhappy  
5- I'd be very unhappy

	Write in the number
a. Date new people	
b. Become involved with someone else	
c. Change my circle of friends	
d. Be with current friends more	
e. Have less social involvement	
f. Live someplace else	
g. Get a job or get a new job	
h. Make decisions more independently	
i. Live alone	
j. Live with someone of my own sex (roommate)	
k. Have financial problems	
l. Have fewer possessions	
m. Buy furniture, car, etc.	
n. Not see in-laws	
o. Not have a secure base	
p. Not be socially accepted	
q. Change what I do for fun	
r. Learn to do household chores	
s. Reorganize cooking and household chores	
t. Deal with custody arrangements for my children	
u. Be a single parent	
v. Have to take more responsibility for child-rearing	
w. Not get to see my children as frequently	
x. Go to social events alone	
y. Changes in sexual life	
z. Change to a new church/synagogue	
aa. Sleep alone	
bb. Other (please explain)	

## 1 | Cohabiting Couples

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Note: These two subscales, Termination Procedures and Unattractiveness of Alternatives, were modified from those developed by Johnson (1978). While they are in a different form, they are used along with the other subscales to form the entire Commitment Inventory. Both of these subscales are scored simply by totaling the numbers given for each item. When totaling these subscales with other constraint subscales, Z-score transformations should be used for each subscale to control for differences in scaling.

