

Effectiveness of Couples Coping Enhancement Training on Resilience and Marital Conflict During the Transition to Parenthood

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ABSTRACT

Objective: The purpose of this study was to determine the effectiveness of Couples Coping Enhancement Training (CCET) on resilience and marital conflicts in couples during the transition to parenthood.

Methods: This quasi-experimental research employed a pre-test, post-test, and follow-up design with experimental and control groups. The population consisted of couples attending counseling centers in Shiraz in 2022, from whom 12 couples were selected using a volunteer-available sampling method based on inclusion and exclusion criteria and randomly assigned to either the experimental group (6 couples with training) or the control group (6 couples without training). The CCET training sessions for the experimental group were conducted over nine weekly two-hour sessions. Data were collected using the Connor-Davidson Resilience Scale (Connor & Davidson, 2003) and the Sanaei Zaker and Barati Marital Conflict Questionnaire (2008). The data were analysed with analysis of variance with repeated measurements method using SPSS-25 software.

Findings: Data were analyzed using repeated measures analysis of variance in SPSS26. The findings indicated that CCET significantly enhanced resilience and reduced marital conflicts in the experimental group compared to the control group in the post-test. Furthermore, the non-significant difference between post-test and follow-up scores in the experimental group suggests the lasting impact of CCET on resilience and marital conflicts in couples during the transition to parenthood.

Conclusion: Therefore, CCET can be utilized to increase resilience among couples and aid in reducing marital conflicts post-childbirth.

Keywords: *Couples Coping Enhancement Training, resilience, marital conflicts, transition to parenthood.*

1. Introduction

The family, as an integrated system, comprises individuals and their interactions that constantly affect

each other. This social institution, formed through the marriage of a man and a woman, undergoes a developmental and transformative process that changes relationships among members over time. A primary issue for families is how to

maintain their identity and structure while adapting and evolving (Abooie Mehrizi et al., 2020; Navabinejad et al., 2024).

One of the critical phases in family evolution is the birth of the first child, where couples face the new role of parenthood. The experience of becoming parents is a complex, multifaceted life event that requires preparedness, flexibility, and awareness from couples on how to reorganize relationships and manage individual and couple functioning in line with the new role. Accordingly, interaction methods between spouses can predict the quality of the relationship and how marital conflicts are managed during the transition to parenthood (Ghinassi et al., 2021).

Extensive research in the field of family studies indicates that, for various reasons, the shift from a couple's dyadic relationship to a triadic one due to childbirth can be challenging even for the most stable couples and often has a broad and typically negative impact on couple functioning. Challenges such as chronic sleep deprivation, increased incidence of postpartum psychological distress, stress from learning how to care for a newborn, assuming new parental roles, lack of social interaction with other adults, financial pressures from new childcare responsibilities, and at least one temporary change in the employment status of one spouse are among the difficulties faced by the family system with the addition of a new member (Lévesque et al., 2020). If the family system cannot successfully adapt to these new circumstances, it may be at risk for various functional disorders, such as role management issues, self-care neglect, psychological fatigue, and relationship strains during this period. Gottman (1999) found that couples facing increased levels of marital conflicts and stress during parenthood often exhibit more negative interactions and less effective coping styles (Ștefănuț et al., 2021).

According to the theory of dyadic coping first proposed by Bodenmann (2005), during marital conflicts and the stress transfer process, one partner expresses their stress (verbally or non-verbally), and the other partner can respond in one of three ways: they may also be affected by the stress (stress contagion), completely ignore the signals (showing no reaction), or display either positive or negative dyadic coping (Molgora et al., 2022).

Positive forms of dyadic coping include supportive dyadic coping (for example, assisting with daily tasks, offering practical advice, empathetic understanding, helping the spouse adjust the situation, conveying belief in the spouse's abilities, or expressing solidarity with the spouse), common dyadic coping (for example, solving a problem

together, jointly seeking information, sharing feelings, mutual commitment, or calming each other), and delegated dyadic coping (where one partner explicitly asks the other for support, resulting in a new division of tasks, such as when one spouse takes on additional responsibilities) (Hiefner, 2021).

Negative forms of dyadic coping include hostile dyadic coping (support accompanied by derogation, distancing, mockery, sarcasm, overt disinterest, or minimizing the importance of the partner's stress), ambivalent coping (where one partner supports the other reluctantly or hesitantly), and superficial dyadic coping (insincere support such as asking about the partner's feelings without listening, or supporting the partner without empathy) (Falconier et al., 2023).

Thus, dyadic coping emphasizes that both partners should work together to cope with stressful situations, reflecting the systemic perspective's emphasis on the mutual influence of the spouses' coping styles on each other and the family system. Additionally, like individual coping and supportive interactions, dyadic coping is considered a stress management method that often emerges after individual coping efforts fail, manifesting in both positive and negative forms (Weitkamp & Bodenmann, 2022).

Among the factors that contribute to greater parental adaptation to the changes associated with entering the parenthood phase is resilience, defined as an individual's confidence in their abilities to overcome stress, possessing coping skills, self-respect, emotional stability, and personal traits that enhance social support from others (Hiefner, 2021). Resilience is indeed a fundamental personality construct that encompasses individual capabilities and skills in confronting, retreating, and re-engaging in efforts to cope with problems arising from new circumstances. Resilience is a dynamic process of positive and successful adaptation in challenging and threatening situations, acting as a protective factor against the consequences of stress associated with entering the parenthood phase and helping parents return to pre-crisis functioning levels and even exceed them, thereby flourishing and growing (Pan & Sánchez, 2022). This definition of resilience highlights the dynamic interaction between external and internal risk and protective factors for couples in their marital interactions (Kärner et al., 2021).

Therefore, issues arising from low resilience in couples and through incorrect resolution of marital conflicts and negative dyadic coping during the transition to parenthood can cause irreparable damage to the family structure, such that marital conflicts and ineffective dyadic coping often

precede the separation of couples. Typically, such conflicts start from simple arguments and can escalate to severe verbal confrontations, struggles, physical altercations, and sometimes may even lead to separation and divorce (Raer et al., 2020). Studies on stress and couple adaptation also assert that merely teaching communication and problem-solving skills is insufficient for predicting marital relationship quality, and learning individual and dyadic adaptation skills also plays a significant role in the quality and durability of marital relationships (Weitkamp & Bodenmann, 2022). Furthermore, Bodenmann's studies (2005) have shown that in marital interactions, couples not only exhibit previous deficiencies in their communication skills but also lose their communication skills in stressful situations (Weitkamp & Bodenmann, 2022). The stress of parenthood can reduce the time couples spend together, the opportunity to gain shared experiences, mutual emotional disclosure, kindness, and sexually satisfying relationships, thereby affecting the quality of couple relationships through a reduction in communication quality. In these situations, positive behaviors such as active listening, expressing affection, and empathy decrease in couples, while negative behaviors like criticism, derogation, and disrespect, hostility, and withdrawal significantly increase (Molgora et al., 2022). Based on this foundation, prevention programs aimed at mitigating the harms of destructive marital conflicts and divorce have received attention from experts and couples in recent decades, often focusing on helping couples improve their communications.

Relationship education programs are designed to provide structured and standardized training on healthy relationships, particularly commitment, attitudes, and communications, to reduce the occurrence of differences in the relationship and the likelihood of separation and divorce. One such program is the Couple Adaptation Enrichment Training by Bodenmann and Shantinath (2004), based on Bodenmann's model of couple adaptation enrichment (1997). Couples Coping Enhancement Training (CCET) is one of the most comprehensive interventions focusing on assisting couples through improving individual stress, coping strategies, enhancing the relationship through talking and listening techniques, establishing marital communication, increasing dual skills for environmental adjustment, and conflict resolution through learning new skills, thereby enhancing interactions between spouses that include problem-solving, sharing feelings, participating in religious or calming activities, and jointly seeking

information, contributing to stress reduction and promoting positive marital relationships (Markman et al., 2022).

Studies on Couples Coping Enhancement Training (CCET), while demonstrating very high satisfaction levels among participating couples, confirm its effectiveness and the sustainability of its impact on the quality of marital relationships, marital satisfaction, individual and dyadic adaptation, coping strategies, conflict resolution styles, ineffective dialogue, and intimate security in couples, as well as the stress of parenting and the work environment context (Alizade, 2022; Falconier et al., 2023; Isanejad & Alizade, 2020; Mansour Sodani et al., 2016; Markman et al., 2022; Weitkamp & Bodenmann, 2022).

The distinctive feature and fundamental rationale of the Couples Coping Enhancement Training (CCET) intervention is its focus on the theory of stress and coping in enhancing adaptation in marital relationships. From a theoretical perspective, the CCET intervention not only teaches communication and problem-solving skills but also emphasizes individual and dyadic coping by couples to enhance marital satisfaction under stressful conditions and reduce maladaptation. Moreover, from a theoretical logic perspective, this intervention is suitable for couples with long-term maladaptive relationships and also serves as an appropriate model for reducing divorce (Markman et al., 2022). What is evident from the existing literature is that although numerous psychological interventions have been conducted on the psychosocial aspects of marital health in Iran, research on Couples Coping Enhancement Training in improving marital communications, particularly during the transition to parenthood for Iranian samples, is very limited. Additionally, the cultural adaptation of CCET considering the needs of diverse populations is essential; because when an intervention reflects cultural norms, values, and beliefs, it will be more effective. Given the effectiveness of the CCET intervention in improving the quality of marital relationships, individual and dyadic adaptation, and conflict resolution styles (Weitkamp & Bodenmann, 2022) and the high levels of stress in family conflicts in Iran, particularly with the transition to parenthood, conducting such a study on Iranian samples is important and necessary. Therefore, the goal of the current research is to examine the effectiveness of Couples Coping Enhancement Training (CCET) in improving marital conflicts among couples and also increasing their resilience in facing internal and external stress factors during the transition to parenthood.

2. Methods

2.1. Study design and Participant

In this study, a quasi-experimental design with a pre-test, post-test, and follow-up (one month after the training) approach was used with both experimental and control groups. The population included couples visiting counseling centers in Shiraz in 2022. Sampling was done through voluntary convenience methods. The procedure involved selecting couples from private and public counseling centers in Shiraz who met certain inclusion criteria (including at least one year of living together, having a child aged between 3 months and 3 years, a minimum educational level of high school, willingness to consistently participate in training sessions, and aged between 20 to 40 years) and exclusion criteria (non-cooperation and absence from even one session by any spouse during the sessions, concurrent participation in other treatment programs, suffering from psychological disorders, and taking psychiatric drugs). Eligible couples were identified and, ultimately, 12 couples were chosen as the sample for the study. After explaining the educational objectives and obtaining consent, they were randomly assigned to either the experimental group (6 couples for the Couples Coping Enhancement Training, CCET) or the control group (6 couples without training).

2.2. Measures

2.2.1. Resilience

This scale was developed by Connor and Davidson in 2003. It consists of 25 questions, scored on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). To obtain a total score, the scores of all questions are summed, giving a range from zero to 100. Higher scores indicate greater resilience. The cut-off point for this questionnaire is 50, with scores above 50 indicating higher resilience. Reliability (test-retest and Cronbach's alpha) and validity (factor analysis and convergent and divergent validity) were established by the developers across different groups (normal and at-risk). Connor and Davidson (2003) reported a Cronbach's alpha of 0.89 for the resilience scale, and the test-retest reliability over a four-week interval was 0.87 (Hiefner, 2021). In Iran, Rahimpour et al. (2017) found a Cronbach's alpha of 0.75 (Rahimpour et al., 2017). In the current study, the reliability of the resilience scale was examined using Cronbach's alpha, which was found to be 0.88.

2.2.2. Marital Conflict

Developed by Sanaei Zaker and Barati in 2008, this questionnaire aims to measure seven main dimensions of marital conflict based on the clinical experiences of the study's supervisor. It consists of 42 questions and assesses seven aspects of marital conflict: reduced cooperation, reduced sexual relations, increased emotional reactions, increased child support seeking, increased personal relations with one's relatives, reduced family relations with spouse's relatives and friends, and separation of financial matters. The questionnaire scores each question from 1 to 5. Questions 3, 11, 14, 26, 30, 33, 45, 47, and 54 are scored inversely. The questionnaire categorizes marital conflict into four levels: no conflict (scores 12 to 90), normal level conflict (scores 90 to 111), above normal level conflict (scores 111 to 191), and very severe conflict (scores above 190). The Marital Conflict Questionnaire has good content validity. In the test item analysis phase, after preliminary implementation and correlation calculation of each question with the total questionnaire and its scales, 13 questions from the initial 55 were removed. Norming of the Marital Conflict Questionnaire in the research by Jafarimanesh et al. (2021) yielded a Cronbach's alpha ranging from 0.76 to 0.90 (Jafarimanesh et al., 2021). In this study, the reliability of the Marital Conflict Questionnaire was examined using Cronbach's alpha, which resulted in an alpha of 0.91.

2.3. Intervention

2.3.1. Couples Coping Enhancement Training

Each session is designed to build upon the previous, gradually enhancing the couples' abilities to manage their stress, communicate effectively, and resolve conflicts, thereby strengthening their relationships as they navigate the transition to parenthood (Alizade, 2022; Isanejad & Alizade, 2020; Mansour Sodani et al., 2016).

Session 1: Introduction and Pre-Test

The first session is designed to establish a positive rapport among group members. This involves introducing each member, familiarizing them with the educational program and its various components, and setting group rules. The importance of regular attendance and the consequences of absenteeism are emphasized. The session concludes with the administration of the pre-test to assess baseline levels of resilience and marital conflict.

Session 2: Understanding Stress

This session involves a detailed discussion of stress, including its definitions, causes, types, and consequences. It also covers cognitive appraisal of stress and its relationship to emotional reactions based on Lazarus and Folkman’s model. The goal is to enhance participants' understanding of stress and its impacts, preparing them for more effective coping strategies.

Session 3: Coping Mechanisms Overview

Participants review the concept of coping, exploring definitions and types of coping strategies. The focus is on the importance of planning, organizing activities, and anticipating situations to prevent stress. This session aims to equip couples with knowledge and tools to manage their stress proactively.

Session 4: Coping Strategies and Relaxation Techniques

This session teaches participants how to build a repertoire of pleasant situations and how to cope with unavoidable stressors. Techniques for relaxation are introduced and practiced, helping participants to develop personal and shared strategies to manage stress effectively.

Session 5: Interaction and Adaptation in Relationships

Couples are taught about mutual interactions and adaptation to enhance compatibility with their environment. The session focuses on addressing personal and spousal needs, increasing awareness, and the ability to express inequalities and independence within the relationship.

Session 6: Dyadic Coping Skills

Participants learn specific dyadic coping skills. The session introduces and practices the 'funnel approach' to couple’s coping and a three-stage coping method. Role-playing exercises are used to reinforce learning and to practice new skills in a supportive environment.

Session 7: Exchange, Fairness, and Intimacy in Marital Relationships

This session reviews concepts of exchange and fairness in marital relationships, discusses boundaries, common boundary issues in marriages, and the importance of intimacy and closeness. The focus is on understanding and managing the balance between personal space and shared life in marriage.

Session 8: Enhancing Marital Communication Skills

The importance of communication skills in marital relationships is highlighted, along with the distinctions between negative and positive communication styles. Participants are trained to be effective speakers and listeners, fostering a positive communication environment within their relationships.

Session 9: Problem-Solving Skills Enhancement and Post-Test

The inevitability of problems in marital relationships is discussed, emphasizing the importance of effective problem-solving. Participants are taught steps for problem-solving. The session ends with the administration of the post-test and gathering feedback on the effectiveness of the training on participants' lives.

2.4. Data Analysis

The data were analysed with analysis of variance with repeated measurements method using SPSS-25 software.

3. Findings and Results

Table 1 presents the mean and standard deviation of the pre-test, post-test, and follow-up for resilience and marital conflict variables in both the CCET and control groups.

Table 1

Mean and Standard Deviation of Pre-test, Post-test, and Follow-up for Resilience and Marital Conflicts in the CCET and Control Groups

Variable	Group	n	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Follow-up Mean	Follow-up SD
Resilience	CCET	12	67.45	9.15	94.31	12.20	86.15	11.13
	Control	12	66.33	7.41	67.27	8.86	66.94	7.87
Marital Conflicts	CCET	12	135.92	21.06	104.54	15.85	109.21	17.14
	Control	12	134.79	17.01	136.12	17.69	137.65	18.32

As indicated in Table 1, the mean and standard deviation of resilience scores in the experimental group increased from pre-test to post-test and follow-up, while no change was observed in the control group. Likewise, the mean and standard deviation of marital conflict scores in the experimental group decreased from pre-test to post-test and

follow-up (a lower score on the Marital Conflict Questionnaire indicates reduced marital conflict), but no significant change occurred in the control group, demonstrating the effectiveness of Couples Coping Enhancement Training (CCET) on resilience and marital

conflicts. To test the research hypotheses, analysis of variance with repeated measures was used.

Prior to testing, assumptions were checked, and results supported the validity of using analysis of variance. The normal distribution of variables was confirmed using the Kolmogorov-Smirnov test with resilience yielding a p-value of 0.856 and marital conflicts a p-value of 0.618, indicating data normality suitable for repeated measures. Additionally, the assumption of variance equality was confirmed by the Levene's test for homogeneity of variances in the dependent variables of resilience ($p = 0.85$, $F = 2.01$) and marital

conflicts ($p = 0.12$, $F = 2.45$) at the post-test stage, showing non-significant results at $p < 0.05$, thereby confirming homogeneity of variances across groups. Results from the Box's M test were non-significant ($p = 0.64$, $F = 1.85$, Box's $M = 34.18$), indicating that the assumption of equal covariance matrices was met. The Mauchly's test also confirmed the sphericity assumption as non-significant ($p = 0.31$, Mauchly's = 0.12).

Table 2 reports the results of the repeated measures ANOVA examining differences in the research sample across three stages—pre-test, post-test, and follow-up.

Table 2

Analysis of Variance with Repeated Measures for Comparing Within-Group and Between-Group Effects in Experimental and Control Groups

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size
Resilience	Between Subjects						
	Group	2152.90	1	2152.90	121.42	<.001	.79
	Error	390.25	22	17.73			
	Within Subjects						
	Time	582.40	1	582.40	64.56	<.001	.68
	Time × Group	601.12	1	601.12	66.64	<.001	.69
Marital Conflicts	Error	198.45	22	9.02			
	Between Subjects						
	Group	6196.13	1	6196.20	45.82	<.001	.62
	Error	2974.44	22	135.20			
	Within Subjects						
	Time	4756	1	4756	61.11	<.001	.68
Marital Conflicts	Time × Group	1824.70	1	1824.70	23.44	<.001	.51
	Error	1712.15	22	77.82			

Table 2 shows significant differences between the mean scores of resilience ($F = 121.42$, $p < 0.001$) and marital conflicts ($F = 45.82$, $p < 0.001$) between the experimental and control groups. Also, results indicate significant differences between resilience scores ($F = 64.56$, $p < 0.001$) and marital conflict scores ($F = 61.11$, $p < 0.001$) across the

three measurement stages. Given that the interaction between variables is significant, it can be stated that there are significant differences only in one group between the mean scores of the three measurement stages for the variables of resilience ($F = 66.64$, $p < 0.001$) and marital conflicts ($F = 23.44$, $p < 0.001$).

Table 3

Paired Comparison Results of Resilience Scores at Three Testing Stages

Group	Comparisons	t	Standard Error	P
Experimental	Pre-test vs. Post-test	9.93	1.06	<0.01
	Pre-test vs. Follow-up	9.54	1.04	<0.01
	Post-test vs. Follow-up	3.12	0.14	>0.05
Control	Pre-test vs. Post-test	0.38	0.30	>0.05
	Pre-test vs. Follow-up	0.24	0.48	>0.05
	Post-test vs. Follow-up	1.74	0.24	>0.05

Analysis of mean differences based on the t-test in Table 3 shows that in the experimental group, there is a significant difference between pre-test and post-test ($t = 9.93$, $p < 0.01$) and pre-test and follow-up resilience scores ($t = 9.54$, $p <$

0.01). However, these differences are not significant in the control group. In other words, Couples Coping Enhancement Training (CCET) has had a significant impact on increasing resilience scores.

Table 4

Paired Comparison Results of Marital Conflict Scores at Three Testing Stages

Group	Testing Stage	t	Standard Error	p
Experimental	Pre-test vs. Post-test	8.57	2.12	<0.01
	Pre-test vs. Follow-up	8.63	2.10	<0.01
	Post-test vs. Follow-up	1.12	0.60	>0.05
Control	Pre-test vs. Post-test	1.47	0.98	>0.05
	Pre-test vs. Follow-up	1.50	1.02	>0.05
	Post-test vs. Follow-up	0.74	0.38	>0.05

Analysis of mean differences based on the t-test in Table 4 shows that in the experimental group, there is a significant difference between pre-test and post-test ($t = 8.57, p < 0.01$) and pre-test and follow-up marital conflict scores ($t = 8.63, p < 0.01$). However, these differences are not significant in the control group. In other words, Couples Coping Enhancement Training (CCET) has had a significant impact on reducing marital conflict scores.

4. Discussion and Conclusion

This study aimed to determine the effectiveness of Couples Coping Enhancement Training (CCET) on resilience and marital conflicts among couples transitioning to parenthood. The results indicated that the differences between the mean scores of resilience and marital conflicts in the experimental and control groups were significant. Thus, it was demonstrated that CCET effectively enhances resilience and reduces marital conflicts. Additionally, the non-significant difference between the post-test and follow-up scores in the experimental group suggests the enduring impact of CCET on resilience and marital conflicts among couples. This implies that CCET training increases couples' resilience and reduces their marital conflicts during the transition to parenthood.

The findings of this study align with prior studies (Alizade, 2022; Falconier et al., 2023; Hiefner, 2021; Isanejad & Alizade, 2020; Kärner et al., 2021; Markman et al., 2022; Molgora et al., 2022; Omidian et al., 2019; Rauer et al., 2020; Ștefănuț et al., 2021).

The results can be explained by acknowledging that training focused on emotion management strategies and behavioral control is significantly important in enhancing individual and couple skills. CCET, with its focus on assisting couples through improving individual stress, coping strategies, enhancing relationships through talking and listening techniques, establishing marital communication, increasing dual skills for environmental

adjustment, and conflict resolution through learning new skills, can strengthen couples' resilience to challenges and stresses arising from entering parenthood and improve it (Markman et al., 2022). Resilience is an important and strategic personality trait that plays a significant role in increasing psychological well-being and quality of life under stressful conditions, allowing individuals with resilience to adapt flexibly and find solutions to problems, aligning themselves with environmental changes, and quickly returning to a recovered state after stressful factors are resolved (Pan & Sánchez, 2022). Moreover, the Couples Coping Enhancement Program, through the skills it provides to couples, reduces their marital conflicts following childbirth. This program helps couples understand the new stressful and tense situation they face upon becoming parents, using criteria such as controllability, changeability, ambiguity, and certainty, enabling them to manage the conflict situation better through effective coping strategies and focusing on discussions about the conflict using clear, constructive, and non-coercive responses (Molgora et al., 2022). This ensures that instead of engaging in conflict, couples are on the right path and seeking solutions. It appears that group-based CCET training allows couples to learn effective strategies for controlling stressors together and become aware of the factors that reduce resilience levels and form a negative cycle of dyadic coping in relationship tensions. Therefore, by increasing the level of understanding and empathy through the practice of mindful conversation and sharing issues, concerns, and problems with each other during group sessions, couples learn to hold themselves accountable for reducing relationship tension and their spouse, avoiding negative interactions, and resolving relationship conflicts more effectively (Weitkamp & Bodenmann, 2022).

It can be concluded that Couples Coping Enhancement Training is effective in improving resilience levels and reducing marital conflicts during the transition to parenthood, and its effects are lasting.

5. Suggestions and Limitations

This study had limitations. It was conducted with a convenience sample; therefore, caution should be exercised in generalizing the results. Additionally, the lack of control over intervening variables, the inability to match participants, reliance on self-report measures, and the absence of qualitative assessments represent further limitations of the study. Future research should address these limitations to more broadly evaluate the effectiveness of these interventions. It is also recommended that the impact of this intervention be comparatively assessed with other specific interventions for couples on resilience and marital conflicts during the transition to parenthood. Finally, clinical centers, counseling institutions, policy-making bodies, family counselors, and psychologists are advised to utilize this educational program and the results of this research as complementary designs in individual and group psychological therapy to improve couples' relationships during the transition to parenthood.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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