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Communal Coping Among Couples in Stressful Situations

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Abstract

The purpose of this study was to examine manipulated communal coping as a strategy for couples dealing with a stressful task. Participants were 39 student couples from Pittsburgh who were lead to believe that they would give a brief presentation that would be rated based on quality by a professor. Communal coping was manipulated by giving couples one of two sets of instructions that indicated that the presentation was the responsibility of one partner (non-communal) or both partners (communal). Couples were given 8 minutes to prepare for the task together. We predicted that physiological and perceived stress would be lower in the communal than the non-communal coping condition. We expected higher relationship satisfaction, better mood, higher self-esteem in the communal than the non-communal coping condition. Manipulation checks revealed that the communal coping manipulation was not perceived as intended. When we examined the effect of the communal coping manipulation on outcomes, results showed that partners assigned to the communal coping condition reported more negative task appraisals, higher perceived stress, and lower self-esteem than those assigned to the non-communal coping condition. We also examined the relation of self-reports of communal coping and collaboration to outcomes, and found that perceived communal coping was related to more positive task appraisals, lower perceived stress, and more instrumental support, but less relationship satisfaction for both participants and partners. Taken collectively, the patterns of results indicate that communal coping has negative effects for the partner and positive associations for the participant. The relation of communal coping and relationship satisfaction is not entirely clear and requires further exploration.

Stressors are internal or external demands made upon an individual that require resources to manage (Cohen, Evans, Krantz & Stokols, 1986). Stress is considered to be a transactional phenomenon whereby the response is determined by the individual's appraisal of the stressor (Lazarus & Folkman, 1984). A form of coping often accompanies stressors; coping is the attempt made by the individual to respond and alleviate the negative response. Lazarus and Folkman (1984) suggested two broad categories of coping: emotion-focused and problem-focused coping. Emotion-focused coping involves attempts to minimize the negative emotional response to stress. Problem-focused coping includes efforts to take action to alter the stressor (Lazarus & Folkman, 1984). Emotion-focused coping and problem-focused coping take into account a broad range of individual behaviors in response to stress; however, they fail to account for the important role that our environment and particularly relationships play in coping behaviors.

The growing body of research on stress and coping has brought to light the key role that close relationships play in health. Coyne and Smith (1991) identified two main types of relationship-focused coping: active engagement and protective buffering. Active engagement involves inquiries about how the partner is feeling, discussing problems and making attempts to problem solve. A cross-sectional study of 56 couples in which husbands were recovering from a myocardial infarction found that patient active engagement was related to higher patient self-efficacy (Coyne & Smith 1994). A similar study examined the relation between patient active engagement and distress of the spouse, and found that patient active engagement was associated with less spouse perceived distress (Coyne & Smith 1991). These beneficial results for active engagement were limited to couples with lower marital quality.

The second relationship-focused coping strategy identified by Coyne and Smith, protective buffering, is not as clearly adaptive. Protective buffering involves hiding worries and

denying concerns to reduce the effect of the stressor on the partner. In a cross-sectional study of couples in which husbands were recovering from myocardial infarction, husbands' use of protective buffering was associated with lower self-efficacy and increased spouse distress. However, wives' protective buffering of husbands was associated with higher patient self-efficacy (Coyne & Smith1991).

Relationship-focused coping has implications for the relationship as well as for the health of the couple. Two types of relationship-focused coping, collaborative coping and dyadic coping, have been associated with positive relationship outcomes. Collaborative coping is defined as pooling resources and solving a problem jointly (Berg et al., 2008). In a cross-sectional study examining coping and mood in 57 couples dealing with prostate cancer, collaborative coping was found to be positively associated with marital satisfaction for both men and women (Berg et al., 2008). Dyadic coping is a stress management process that can be either positive or negative. Positive dyadic coping involves joint efforts of partners to adaptively manage each other's emotions. Negative dyadic coping involves mutual avoidance; for example, "When we are both stressed we withdraw and avoid each other." Positive dyadic coping was shown to be beneficial for couples in which one partner was suffering from metastatic breast cancer. Patients and partners with more positive dyadic coping and less negative dyadic coping had better couple adjustment 6 months later than patients and partners with less positive dyadic coping and more negative (Badr, Carmack, Kashy, Cristofanilli, & Revenson 2010). The relationship-focused coping strategies described above indicate that people are not coping with stressful situations alone; they frequently employ strategies that involve relationships.

Another relationship-focused coping strategy that has been investigated is known as communal coping. The construct of communal coping is defined by Lyons, Mickelson, Sullivan

and Coyne (1998) as a reappraisal of stressors to "our issues" as opposed to "your issues." Communal coping in couples has been shown to be associated with positive health outcomes. In a longitudinal study of couples over 6 months, self-reports of communal coping on the part of the spouse predicted a positive change in heart failure symptoms and general health of the patient (Rohrbaugh, Mehl, Shoham, Rielly, & Ewy, 2008). Communal coping, operationalized as first-person plural pronoun use (*we-talk),* predicted a positive change in heart-failure symptoms of the patient (Rohrbaugh et al. 2008). Higher levels of *we-talk* by couples also has been associated with more positive problem solving and higher marital satisfaction (Simmons, Gordon, & Chambless, 2005).

To date, no studies have attempted to manipulate communal coping in the lab. However, previous research has indicated the benefits of communal coping for both relationships and health. These field studies are all correlational, however. Thus, it is not clear whether communal coping is driving the benefits to health and relationships or some other characteristic of the relationship is related to communal coping. For example, relationship duration could be driving the benefits. It warrants further research to determine if communal coping can be manipulated in the lab and affect relationship and/or health outcomes. Additionally, the vast majority of studies on communal coping examine its effectiveness for couples dealing with chronic illnesses. This study explores another important potential use of communal coping: young couples using it to manage every day stressors. The findings from this research will provide important information about the connections between relationships, coping and stress.

The goal of the current study was to examine manipulated communal coping as a strategy for dealing with stressful situations in a randomized controlled experiment. Because pronoun use can serve as an important marker for the coping style of a couple. we manipulated communal

coping by using language to characterize a task as either "our responsibility" or "my responsibility." We hypothesized that couples who read instructions that indicated that a presentation was "both of their responsibility" would appraise the presentation as a joint stressor and work collaboratively compared to couples who read instructions that characterized the task as one partner's responsibility. We predicted that couples in the communal coping condition would report less perceived stress, more positive mood, greater relationship satisfaction and also have lower blood pressure during the preparation of the presentation than couples in the non-communal coping condition.

Methods

Participants

The study included 39 student couples recruited from Pittsburgh, Pennsylvania. Eligibility requirements were that participants be over 18 years of age, a student, and involved in a dating relationship for at least 3 months. As can be seen in table 1, the mean age of participants was 20.61 years (SD = 1.34, min = 18.40, max = 23.86). The mean age of partners was 20.70 years (SD = 1.48, min = 18.57, max = 24.22). The average relationship duration was 18.88 months (SD = 18.05, min = 3 months, max = 84 months). The study included approximately 37 heterosexual couples and 2 homosexual couples. The gender distribution was fairly even: there were 41 males (21 participants and 20 partners) and 37 females (18 participants and 19 partners). There were 20 couples in the communal coping condition and 19 couples in the non-communal coping condition.

Procedure

The study was approved by the Carnegie Mellon Institutional Review Board. Participants were recruited from one of two sources: the Psychology Department Participant Pool

in which course credit was awarded and the Psychology Department Paid Website in which participants were paid $15 each. Upon arrival, participants were informed of the procedures, risks and benefits of the study and asked to sign a consent form. Both members of the couple were fitted with a Dinamap blood pressure cuff that took measures of systolic blood pressure, diastolic blood pressure, heart rate and mean arterial pressure every two minutes throughout the entire experiment. Participants were then asked to complete an initial questionnaire (time 1) that included demographic information, measures of relationship satisfaction, self-esteem and mood. Both members of the couple individually completed a word association task.

Next one member of the couple, who was randomly selected prior to coming to the lab and referred to as the "actor," was informed that he or she would be giving a brief presentation on a pre-determined topic. The actor was given a sealed envelope that included written instructions about the presentation to read silently with his or her partner so that the experimenter could remain blind to condition. Couples were randomly assigned to one of two instructions' conditions: communal coping or non-communal coping. The communal coping condition instructions characterized the presentation as the responsibility of both members of the couple. The non-communal coping condition instructions indicated that the presentation was the responsibility of one member of the couple. Both sets of couples were told to give a presentation about why the actor should be hired to be a teaching assistant for a course in his or her major. Participants were told that the presentation would be videotaped and the videotape would be shown to a professor to be rated based on quality. After reading the instructions, both the actor and the partner completed a second questionnaire (time 2) that included measures of relationship satisfaction, self-esteem and mood.

The actor and the partner were given pads of paper and pens and were left alone in the lab to prepare for the presentation for 8 minutes. After 8 minutes, the experimenter returned and asked the participants to complete the third questionnaire (time 3). The actor's questionnaire measured perceived stress, relationship satisfaction, mood, self-esteem, coping strategies and perceptions of communal coping. The partner's questionnaire measured perceived stress, relationship satisfaction, self-esteem, and perceptions of communal coping but not specific coping strategies. After the completion of this final questionnaire, participants were debriefed and informed that there was no presentation component of the experiment. The true purpose of the study was explained, and participants were allowed to ask questions.

Instruments

Demographic variables. In the first questionnaire, participants were asked to indicate their sex, their age, the duration of their relationship, and their academic year.

Self-esteem. Self-esteem items were taken from the McFarland and Ross state self-esteem scale (1982). Participants responded to 4 bipolar items, each of which was rated on a 7-point scale. They included: good/bad, competent/incompetent, adequate/inadequate, worthless/valuable. Participants rated their self-esteem in each of the three surveys. The internal consistency of this index for the actor at time 1, 2 and 3 was .77, .90, and .92 respectively. The internal consistency of this index for the partner at time 1, 2 and 3 was .78, .83, and .91, respectively.

Mood. Three subscales from the Profile of Mood States were used to measure 3 different moods: angry, calm and depressed (Usala & Hertzog, 1989). Each item was rated on a 5-point scale: 1 = not at all, 2 = a little bit, 3 = somewhat, 4 = very much, 5 = extremely. Participants rated their mood in each of the three surveys, and partners rated their mood in questionnaire 1

and 2. The internal consistency of angry mood for the actor at times 1, 2 and 3 was .70, .65, and .68 respectively. The internal consistency of angry mood for the partner at times 1 and 2 was 0.77, and .86 respectively. The internal consistency of calm mood for the actor at times 1, 2 and 3 was 0.77, .91, and .90 respectively. The internal consistency of calm mood for the partner at times 1 and 2 was .80, and .82 respectively. The internal consistency of depressed mood for the actor at time 1, 2 and 3 was .73, .67, and .51 respectively. The internal consistency of depressed mood for the partner at time 1, and 2 was .28 and .52 respectively.

Relationship Satisfaction. Relationship satisfaction was measured 3 times with the 6-item Personal Assessment of Intimacy in Relationships (PAIR; Schaefer & Olson, 1981) and the 6-item Quality of Marriage Index (Norton 1983). Items from the Quality of Marriage Index were adapted to dating relationships. For example, the item, "We have a good marriage." was changed to be "We have a good relationship." Eleven items were rated on a 7-point scale ranging from 1 = very strong disagreement to 7 = very strong agreement. The final item asked participants about the likelihood that they would still be in the relationship 1 year from now. The item was rated on a 5-point scale ranging from 1 = definitely will not to 5 =definitely will. The internal consistency of the PAIR for the actor at time 1, 2 and 3 was .73, .89 and .83, respectively. The internal consistency of the PAIR for the partner at time 1, 2 and 3 was 0.85, 0.86 and 0.86, respectively. The internal consistency of the Quality of Marriage Index for the actor at time 1, 2 and 3 was .91, .95, and .95 respectively. The internal consistency of the Quality of Marriage Index for the partner at time 1, 2 and 3 was .88, .90, and .88 respectively.

Coping. Three coping subscales were taken from the COPE to measure three types of coping: planning, seeking of social support for emotional reasons and seeking of social support for instrumental reasons (Carver, Scheier, & Weintraub, 1989). Four items were used to measure

seeking of social support for emotional reasons (Cronbach's alpha = .79) and planning (Cronbach's alpha = .80). Two items were used to measure seeking social support for instrumental reasons (Cronbach's alpha = .85); the other two items were not used because they did not relate to the experiment. The items were rated on a 7-point scale ranging from 1 = very strong disagreement to 7 = very strong agreement.

Partner support. We developed an 11-item measure of partner helpfulness and an 11-item measure of partner harmfulness. Adjectives such as encouraging and understanding were used to form an index of partner helpfulness. Adjectives such as critical and complaining were rated as harmful. The items were adjectives that were rated on a 5-point scale that ranged from 1= not at all to 5= extremely.

Communal coping. Communal coping was measured using two items that assessed the appraisal of the task and collaboration. One item measured communal appraisal: (1) *When thinking about the presentation, how much do you view it as "our responsibility" (you and your partner) or mainly my responsibility?* One item measured collaboration: *On the task, how much did you and your partner work together to prepare?* The items were rated on a 5-point scale. Because the items did not form a reliable index, each item was examined separately.

Results

Manipulation Checks

First, we wanted to ensure that our random assignment was effective, so we conducted independent t-tests on baseline mood, relationship duration, baseline self-esteem, baseline relationship satisfaction and age with the communal coping manipulation as the between-subjects measure. There were no significant group differences in any of these variables.

Then, we examined the effect of our communal coping manipulation on communal appraisal and collaboration with independent t-tests. There were no significant effects of the manipulation on communal appraisal, but there was a marginally significant effect on collaboration, $t(37) = -1.75$, $p = .09$. As expected, participants in the communal coping condition reported greater collaboration ($M = 4.30$, $SD = .66$) than participants in the non-communal coping condition ($M = 3.84$; $SD = .96$).

Effects of Communal Coping Manipulation on Outcomes

We examined the effects of our communal coping manipulation on outcomes that were measured only one time with independent t-tests. On outcomes that were measured before and after the task, we conducted one-way analyses of covariance so that we could control for the baseline level of the outcome.

Task appraisal. There was a significant effect of condition on the participant's appraisal of his/her ability to do well on the presentation, $t(37) = 2.68$, $p < .05$. Participants in the non-communal coping condition reported higher expectations about their ability to do well on the presentation ($M = 4.84$, $SD = .37$) than participants in the communal coping condition ($M = 4.30$, $SD = .80$). There was no effect of the manipulation on the partner's task appraisal.

Perceived stress. There were no significant effects of the manipulation on the participant's perceptions of stress. There was a significant effect of condition on the partner's perceptions of stress, $t(37) = 2.72$, $p < .05$. Partners in the non-communal coping condition reported less stress ($M = 3.90$, $SD = .85$) than partners in the communal coping condition ($M = 4.58$, $SD = .69$). There was also a significant effect of condition on how discussing the presentation made partners feel about the task, $t(37) = 2.15$, $p < .05$. Partners in the non-

communal coping condition reported feeling better and more confident about the task ($M = 4.42$, $SD = .61$) than partners in the communal coping condition ($M = 3.89$; $SD = .88$).

There were no significant effects of condition on the participant's perceptions of the partner's stress. There was a marginally significant effect of the partner's perceptions of the participant's ability to overcome his/her worry about the presentation, $t(36) = 1.85$, $p = .07$. Partners in the non-communal coping condition reported higher likelihood of the participants' ability to overcome their worry about the presentation ($M = 4.56$, $SD = .70$) than partners in the communal coping condition ($M = 4.05$; $SD = .94$).

Coping. There were no significant effects of condition on the three types of coping (planning, seeking of social support for emotional reasons, seeking of social support for instrumental reasons). There was no significant effect of the manipulation on the participant's or partner's perceptions of the partner's support.

Relationship satisfaction. There was no effect of condition on changes in the participant's relationship satisfaction, but there was an effect of condition on changes in partner's relationship satisfaction, $F(1, 36) = 8.42$, $p < .01$. Partners in the communal coping condition showed increases in relationship satisfaction ($M = .10$, $SD = .05$) compared to partners in the non-communal condition ($M = -.10$, $SD = .05$).

Own self-esteem. There was no effect of condition on changes in the participant's self-esteem. There was a marginal effect of condition on the partner's self-esteem between time 1 and time 3, $F(1, 36) = 3.17$, $p = .08$. Partners in the non-communal coping condition showed increases in self-esteem ($M = 6.25$, $SD = .12$) compared to partners in the communal coping condition ($M = 5.95$, $SD = .12$).

Mood. There was no effect of condition on changes in the participant's or partner's angry mood. There was a marginal effect of condition on changes in the participant's calm mood between time 1 and time 2, $F(1, 36) = 3.59, p = .07$. Participants in the non-communal coping condition showed increases in calm mood ($M = 3.21$, $SD = .13$) compared to participants in the communal coping condition ($M = 2.85$, $SD = .13$). There was no effect of condition on changes in the partner's calm mood. There was no effect of condition on changes in the participant's or partner's depressed mood.

Physiological measures. There was no effect of the manipulation on systolic blood pressure, diastolic blood pressure, mean arterial pressure or heart rate for the participant or the partner.

Relations of Communal Coping Appraisal and Collaboration to Outcomes

Because the communal coping manipulation was not clearly effective in terms of our manipulation checks, we also examined the relation of communal coping perceptions to outcomes with correlational analyses. We correlated communal coping appraisal and collaboration with each set of outcomes. When outcomes were measured more than once, we controlled for baseline levels with regression analyses.

Communal Coping and Background Variables

We examined whether communal coping appraisal and collaboration were related to sex, age, and relationship duration. There were no significant relations of communal coping appraisal and collaboration with sex or age. Communal appraisal was related to relationship duration, $r = 0.38$, $p < 0.05$. The longer the duration of the relationship, the more likely participants were to respond that the presentation was our responsibility. Thus, we controlled for relationship duration in the subsequent analyses.

Task appraisal. Neither communal appraisal nor collaboration was significantly related to task appraisal for the participant or the partner.

Perceived stress. Communal appraisal was related to perceptions of stress for the participant. Communal appraisal was related to the participant's greater ability to overcome worry about the presentation, $r = .33, p < .05$. Communal appraisal was also related to the participant feeling good and confident about the task, $r = .34, p < .05$. Collaboration was not related to perceived stress for the participant or the partner.

Communal appraisal was related to the participant perceptions that the partner felt good and confident about the task, $r = .34, p < .05$. Collaboration was not related to the partner's perceptions of the participant's stress.

Coping. Communal appraisal was not related to participant coping. Collaboration was related to greater instrumental support seeking, $r = .33, p < .05$, but was not related to the other coping strategies. Communal appraisal was not related to perceptions of partner support. Collaboration was marginally correlated with the participant's perceptions of the partner's helpfulness, $r = .29, p = .08$. Collaboration was significantly related to the partner's perceptions of his/her own helpfulness, $r = .36, p < .05$.

Relationship satisfaction. There was a trend suggesting that communal appraisal predicted decreases in participant relationship intimacy from time 1 to time 2 (beta = -.22, p = .09) and time 1 to time 3 (beta = -.26, p = .06). Communal appraisal did not predict changes in relationship satisfaction for the participant or the partner. Collaboration did not predict changes in relationship intimacy for the participant or the partner. Collaboration predicted a decrease in partner relationship satisfaction from time1 to time 2, beta = -.16, $p < .05$ from time 1 to time 2.

Own self-esteem. Neither communal appraisal nor collaboration predicted changes in self-esteem for the participant. Communal appraisal did not predict changes in self-esteem for the partner. There was a trend suggesting that collaboration predicted increases in partner self-esteem from time 1 to time 2, beta = .14, $p = .09$. Collaboration did not predict changes in self-esteem for the partner from time 1 to time 3.

Mood. Neither communal appraisal nor collaboration predicted angry, calm or depressed mood for participants or partners.

Physiological Measures. There was no relation of appraisal with blood pressure or heart rate for the participant. Communal appraisal was marginally correlated with higher mean arterial pressure for the participant, $r = .27$, $p = .09$. Communal appraisal was not associated with blood pressure, heart rate or mean arterial pressure for the partner. Collaboration was not associated with any of the physiological outcomes for the participant or the partner.

Discussion

The goal of the current study was to examine manipulated communal coping as a strategy for couples dealing with stressful situations. We attempted to examine the effect of manipulated communal coping on perceived stress, coping, relationship satisfaction, self-esteem, mood and physiological measures of health. However, the communal coping manipulation was not clearly effective. There was no significant effect of the manipulation on communal appraisal, but there was a marginally significant effect on reports of collaboration. Participants in the communal coping condition reported marginally greater collaboration than participants in the non-communal coping condition. An inspection of the responses for participants in both conditions revealed that neither participants in the communal coping condition nor participants in the non-communal coping condition clearly perceived the manipulation as intended.

One explanation for the lack of effects of the manipulation on communal coping perceptions may be that the manipulation was not strong enough. The manipulation involved participants silently reading instructions that emphasized that the presentation was either the responsibility of one partner or of both partners. This manipulation may have been ineffective because participants did not fully or carefully read the instructions. The slight variation in wording of the instructions could have been missed by participants reading quickly or incompletely. The manipulation could have been stronger by asking participants to read the instructions out loud; however, we chose not to ask participants to read aloud to insure that the experimenter would remain blind to condition. Future research could strengthen the manipulation by providing specific suggestions for ways that the participants could work together in the communal coping condition or by ensuring that participants attend to the instructions.

Despite the relative ineffectiveness of the manipulation, we examined whether manipulated communal coping had effects on task appraisal, perceived stress, mood and self-esteem. Significant effects were found, particularly for the partner, that were contrary to the hypothesis. Partners in the non-communal coping condition reported less stress, higher self-esteem and reported feeling better and more confident about the task than partners in the communal coping condition. One reason for the unexpected findings may be that the communal coping condition places part of the responsibility on the partner, as opposed to placing complete responsibility on the participant. Thus, partners in the non-communal coping condition may feel more confident about the task because they are less involved and consequently are less worried than partners in the communal coping condition. In addition, partners in the non-communal coping condition showed increases in self-esteem from the beginning to the end of the study compared to partners in the communal coping condition. Further evidence of the partner's lack

of concern is that partners in the non-communal coping condition were more likely to report that participants' could overcome their worry about the presentation than partners in the communal coping condition. The partners in the non-communal coping condition experienced less responsibility and so had more positive outcomes than partners in the communal coping condition.

Although the communal coping manipulation seemed to have resulted in negative effects on partner stress and self-esteem, it had beneficial effects for partner relationship satisfaction. This finding may be due to participants responding positively to the involvement of partners in the communal coping condition. Providing assistance and taking a communal outlook may cause partners to feel more positively about their relationships because they are involved with participants. Alternatively, partners' increase in relationship satisfaction can be explained by cognitive dissonance. Although partners are providing assistance to participants because the communal coping condition requires it, they may interpret their efforts as an indication that they are satisfied with their relationships..

There were fewer effects of the communal coping manipulation on participants, but those that did emerge were consistent with the findings for the partner. Participants in the non-communal coping condition showed increases in calm mood compared to participants in the communal coping condition.

Because the communal coping manipulation was largely ineffective, we also examined the associations of communal appraisal and collaboration to outcomes. Communal appraisal and collaboration were related to positive outcomes in terms of task appraisal, perceived stress, coping, partner support, and self-esteem. Participants' communal appraisal was associated with their reports of lower perceived stress, greater ability to overcome worry about the presentation,

feeling good and confident about the task and the perception that the partner felt good and confident about the task. The communal appraisal may have reduced participants' stress by conveying that the responsibility for the presentation was shared. Participant perception of collaboration was related to greater instrumental support seeking and marginally related to perceiving the partner as helpful. Participant perception of collaboration also was related to partners perceiving themselves as helpful and to partner increases in self-esteem. Thus, collaboration appears to be beneficial for participants and partners in terms of support and self-esteem.

Despite the positive associations of communal perceptions to stress and coping outcomes, communal appraisal and collaboration were associated with negative relationship satisfaction outcomes and revealed a marginal association with one negative physiologic outcome. There was a trend for communal appraisal to predict decreases in relationship intimacy over the study for the participant. Collaboration predicted decreases in relationship satisfaction for the partner from the beginning of the study to after the task instructions The additional burden communal coping places on the relationship may result in lower relationship satisfaction for the partner but not for the participant. There were few results linking communal appraisal or collaboration with health outcomes. Higher levels of communal appraisal were marginally associated with higher mean arterial pressure for the participant. Higher levels of mean arterial pressure, like high blood pressure, are negative and can lead to health problems.

Taken collectively, the pattern of results for communal coping in terms of stress and coping outcomes and relationship outcomes is mixed. The experimental manipulation of communal coping resulted in negative outcomes for the partner but the participant's perception of communal coping was associated with positive stress and coping outcomes. These results

indicate that communal coping may have a negative effect for partners because it increases their responsibility for the task but may benefit participants because it results in shared responsibility and less burden. The effects for relationship satisfaction are inconclusive and require further investigation. It may be that communal coping leads to a cumulative burden resulting in decreased relationship satisfaction. This would explain the results for communal appraisal. The manipulation of communal coping is not likely to reflect this burden because it is a one-time instance of communal coping that is being constructed in the lab. Future studies should examine if couples have previously used communal coping strategies and with what frequency.

There are several limitations of this study. The primary limitation is the weakness of the manipulation. Future studies should improve the strength of the communal coping manipulation by requiring participants to read the instructions aloud or offering participants specific suggestions for collaboration. The study also pulls from a limited population and examines a stressor specific to the population. This is a problem for generalization; the results are applicable to students. Future avenues for research may involve examining the differences between adult couples and student couples; for example, commitment to the relationship and relationship duration may differ between student and adult couples. Because communal appraisal was associated with longer relationship duration, the effects of communal coping may be stronger among adult couples whose relationships are longer. Diversifying the type of stressful experience is also an interesting possibility for future studies. The purpose would be to understand how effective coping strategies are for different physiological and cognitive stress tasks both in and out of the lab setting.

In sum, the results of this experiment suggest that communal coping may benefit participants by increasing shared responsibility but also burden partners. The shared

responsibility increases partner accountability but reduces participant accountability. These differences in accountability may affect outcomes such as task appraisal, perceived stress, coping and self-esteem. Further research is needed to explore why communal coping has one effect on stress and coping outcomes but an opposite effect on relationship outcomes. In general the findings show that the effectiveness of communal coping is mixed; it can be beneficial for the member of the couple receiving support but detrimental for the member of the couple that takes on a new stressor. This study offers a starting point for inquiry, but further research is needed to explore the mechanisms through which communal coping is related to stress, coping and relationship outcomes.

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Table 1
Demographic Information

Participant Age	$M = 20.61$ years	$SD = 1.34$ years
Partner Age	$M = 20.70$ years	$SD = 1.48$ years
Relationship Duration	$M = 18.88$ months	$SD = 18.05$ months
Sex	Male	52.56%